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## **COVER LETTER**

TO: Registration Sect Division of Corpo		h h	
SUBJECT: <u>Gera</u>	GI & Sons LLC Name of Limit	ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	SuzAnne Ro	Senboum-Geragi Name of Person	
	-	Name of Person	
	Geragis	Sons LLC	
		Firm/Company	
	215 Depot Ave #2	101, 🌬	
	·	Address	
	Delray Beac	h, FL 33444 City/State and Zip Code	
		· ·	
	SUZANNEROSENDO E-mail address: (to	aum 910 gmail wo	otification)
For further information con	cerning this matter, please ca		
SUZANNE Rose		at ( <u>561</u> ) <u>235</u> Area Code Dav	-9009
ranc of 1	CIJON	, aca code buy	
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓ S60.00 Filing Fee.  Certificate of Status &  Certified Copy  (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Geragi & Sc						
(Name of the Limite	ed Liability Compan (A Florida Limited Li	iy as it now appears on or iability Company)	ur records.)			
The Articles of Organization for this Limited Li		were filed on $5/2$	6/2023	an	d assign	ed
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabil	lity company here:				
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the designat	tion "LLC" or the	abbreviatio	on "L.L.C.	•••
Enter new principal offices address, if applica	able:					
(Principal office address MUST BE A STREE	T ADDRESS)			AESE SE	2023	
				ECRETARY LAHASSE	JE V	· · · · · · · · · · · · · · · · · · ·
				IAS IAS	Z	
Enter new mailing address, if applicable:				SEE.	6	
Mailing address MAY BE A POST OFFICE I	8 <i>0X</i> )				Æ	
				OR OR	7.	
				DE.	7	
B. If amending the registered agent and/or reagent and/or the new registered office addres		ddress on our record	s, <u>enter the na</u>	me of the	<u>e new re</u>	gistered
Name of New Registered Agent:		Zosenbaum-Ge	<del></del>			
New Registered Office Address:	215 Depo	f Ave #2101 Enter Florida str	eet address			
		Beach		3344	14	
	<u> </u>	City	, 1 101144 _	Zip (	Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Anthony Ortiz	215 Depot Ave, #2101 Delray beach Fl	33444 Add
			□Remove
			□Change
MGR	Jeff Geragi	215 Depot Ave # 2101 Delray Beach, FL	33444 □ Add
			Remove
			□ Change
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an effec	e date, if other	l, the date must	be specific a	ind cannot	be prior to	date of filin	g or more th	an 90 days aft	<b>tional)</b> er tiling.)	Pursuant t	o 605.02
<del>lote:</del> If ocumer	f the date insert nt's effective d	ed in this blo ate on the De	ck does not partment of	t meet the f State's r	applicab ecords.	le statutory	v filing req	iirements, tl	nis date v	vill not b	e listed
record:	specifies a dela d.	iyed effective	date, but n	ot an effe	ective time	e, at 12:01	a.m. on the	e earlier of:	(b) The	90th day	after th
	:- 12.10	023		<u> </u>	30 pm	. •					
ated _	5/31/2	_	- `	/							

Filing Fee: \$25.00