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Kenneth Gonzalez

2952 Slough Creek Drive

Kissimmee, Florida 34744

843-540-0610

June 4th, 2024

Dear Division of Corporations,

I am writing to enclose a check for amending the articles of organization. Please find the appropriate forms and check attached to this letter.

Thank you for your attention to this matter. If you have any questions or concerns, please do not hesitate to contact me at the cell phone number provided above.

Sincerely,

Kenneth Gonzalez

COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kenneth Gonzalez		
		Name of Person	
	Same of Limited Liability Company		
		Firm/Company	
Division of Corporations G2 Elite Visions LLC			
		Address	
	Kissimmee/Horida 34744		
		City/State and Zip Code	<u> </u>
	_		
			dicatioπ)
For further information c	concerning this matter, please ca	all:	
Kenneth Gonzalez			
Name o	of Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ection
P.O. Box 632	27	The Centre of	l'allahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G2 Elite Visions LLC			_
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L		ir records.)	
The Articles of Organization for this Limited Liability Company Florida document number 1.23000262774	were filed on $\frac{05/30/202}{}$	23 and	l assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designat	ion "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u>내</u>	24
		1.	
		- - 2 :	
er geral of the			- fr
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
		 	<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record:	s, <u>enter the name of the</u>	new registere
Name of New Registered Agent.			<u></u>
New Registered Office Address:	Enter Florida stre	vet address	· -
		, Florida	
	City	Zip C	ode
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publication being filed to merely reflect a change in the registered office of the company has been notified in writing of this change.	performance of my di provided for in Chapte	uties, and I am familiar er 605, F.S. Or, if this o	with and locument is

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
AMBR	Joy Garcia	2952 Slough Creek Drive, Kissimmee, Florida, 3474	4 □Add
			Remove
			[] Change
			🗆 Add
			□Remove
			🗆 Change
			□Add
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Effective date, if other than the second of the date is listed, the date in the second of the date inserted in this document's effective date on the	nust be specific a block does not	and cannot be prio t meet the appli	r to date of filing o cable statutory fi	r more than 90 days a	ptional) fter filing.) Pursuant t this date will not b	o 605,020 e listed as
e record specifies a delayed effected is filed.	tive date, but n	ot an effective	time, at 12:01 a.i	n, on the earlier of	(b) The 90th day	after the
June 4 Dated		2024				
1/2		1200	2			
- 1///	171 6		_			
	Signature of	a member or aut	norized representat	ive of a member		

Filing Fee: \$25.00