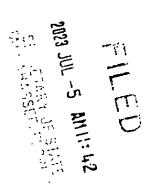
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COVER LETTER

TO: Registration S Division of Co		n	• •
GILLES	GIRA & ASSOCIATES CON	IPANY LLĊ	
SUBJECT:	'		
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
	Billy J Gira		
		Name of Person	
	5760	Firm/Company	
	6760 Heritage Gran	ide Unit 108	
	Boynton Beach, FL	Address 33437	
	bälly.gira@hotmail	City/State and Zip Code . COM	
	E-mail address: (to be used for future annual report noti-	fication)
For further information of	concerning this matter, please c	all:	
Billy J Gira		561 503-8374	
Name o	of Person	at () Area Code Daytime	e Telephone Number
inclosed is a check for t	the following amount:		
Ⅺ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction
Division of (Division of Cor	
P.O. Box 632	27	The Centre of T	allahassee
Tallahassee,	FL 32314		e Street, Suite 810
	1	Tallahassee, FL	32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

GILLES GIRA & ASSOCIATES COMPANY LLC

The Articles of Organization for this Limited Liability Company were filed on	06/13/2023	nd assigned
Florida document number L23000286687	TIES STATE	411
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	here: رُزِيرُ	
GILLES GIRA & ASSOCIATES LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviat	ion L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u>. </u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of th	oe new registered
Name of New Registered Agent:		
New Registered Office Address:		
	lorida street address	
	, Florida	
City		Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to act in this provisions of all statutes relative to the proper and complete performance caccept the obligations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office address, I herecompany has been notified in writing of this change.	of my duties, and I am familia Chapter 605, F.S. Or, if this	ir with and document is

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: DFE9F986-F06B-4E70-BC3F-4D0A49167919
II amenuing Authorized rerson(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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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fective date, if other than the date in effective date is listed, the date must be offer. If the date inserted in this block becament's effective date on the Dep.	k does not meet the ap	plicable statutory lili	(optio more than 90 days after ing requirements, this	nal) filing.) Pursuant to 605.020 date will not be listed a
		ve time at 12:01 a m	. on the earlier of: (b)	The 90th day after the
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ecord specifies a delayed effective of is filed. June 28	2023		· ·	ŕ
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