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(Re	equestor's Name)	
(Ad	idress)	-
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	ty/State/Zip/Phone #	<u> </u>
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PICK-UP	WAIT	MAIL
	siness Entity Name)
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Certified Copies	_ Certificates of	f Status
Special Instructions to	Filina Officer	

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COVER LETTER

Division of Cor			
	0 11 7 110		
SUBJECT: 1 the	- Realty (-by LLC Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
	Traine of Emil	ned blacking company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Quinten Adam	ς.	
	Cholmien Main	Name of Person	
	····	Firm/Company	
		rimicompany	
	606 San Seba	stian Prado	
		Address	
	Λ.,		
	Altamonte Spri	City/State and Zin Code	
	Ou 0 . 11 C	O con 1 A con	
	E-mail address: (City/State and Zip Code Gma.1. Com to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c		
Quinton Ada	ans	at (407) 684-13	62
Name of	f Person	Area Code Daytim	Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fee	⊠ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	S60.00 Filing Fee,
Ų	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S		Registration Sec	
Division of Corporations		Division of Cor The Centre of T	
P.O. Box 6327 Tallahassee, FL 32314			Street, Suite 810
rananassee, r	<i>₩₩₩</i> ₽₽	Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L (A F	iability Compar lorida Limited L	ny as it now appears on our records. iability Company)	
The Articles of Organization for this Limited Liabil	ity Company v	were filed on June 16, 263	23 and assigned
Florida document number <u>L23000291184</u>			
This amendment is submitted to amend the following	ıg:		
A. If amending name, enter the new name of the	limited liabi	lity company here:	
The new name must be distinguishable and contain the words	on <u>Adan</u> "Limited Liabili	ty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable			_
(Principal office address MUST BE A STREET A		GCG Son Sebastian Altamente Springs, F	32714
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>x)</u>	GOG Sun Sebastan Altamente Springs,	Prado FL 32714
B. If amending the registered agent and/or registered agent and/or the new registered office address he Name of New Registered Agent:		ddress on our records, <u>enter t</u>	he name of the new registered
New Registered Office Address:		Enter Florida street address	
_		City , Flo	rida Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:		
I hereby accept the appointment as registered approvisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this cha	ind complete ped agent as pistered office inge.	performance of my duties, and rovided for in Chapter 605, F	t I am familiar with and S. Or, if this document is the limited liability
	li Chan	ging Registered Agent, <u>Signature of</u>	inew Registered Agent

Page 1 of 3

If amending or removed f	Authorized Person(s) authorized to rom our records:	manage, enter the title, name, and address	of each person being added
MGR = Ma	nager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□Change
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			□ Change

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.,)
	<u></u>
	·····
E. Effective date, if other than the date of filing:	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o (b) The 90th day after the record is filed.	n the earlier of:
Dated September 17 TH . 20:24 . Signature of a member or authorized representative of a member	
Typed or printed name of signee	