## 123000328029

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## **COVER LETTER**

TO:

Registration Section

Division of Co	orporations		
CIIDIDOD	LI GC LLC		
SOBJECT.	Name of Li	mited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are su	hmitted for filing	
		-	
Please return all corresp	ondence concerning this matte	r to the following:	
	Lana Jamrosyk		
		Name of Person	·
	BINTELLI GC LLC		
		Firm/Company	
	1643B Savannah Hwy #1	72	
		Address	<del></del>
	Charleston, SC 29407		
		City/State and Zip Code	
	lanajamrosyk@gmail.com		
	E-mail address:	to be used for future annual report notif	ication)
For further information of	concerning this matter, please o	all:	
Lana Jamrosyk		843 743-9870	
Name o	of Person	at ()	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Corp	
Tallahassee, 1		The Centre of Ta	Hanassee Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BINTELLI GC LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/11/2023 and assigned Florida document number  $\underline{L23000328029}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		., Florida
	City	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>	Name	Address	Type of Action
MGR	John Hegedus	717 Deer Creek Via Verona Deerfield Beach, Fl	
			□Remove
			Change
			□Adđ
			□Remove
			□ Change
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			□Change
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fan effective <u>Note:</u> If th	late, if other than e date is listed, the date e date inserted in th effective date on th	must be specific a is block does no	and cannot be prior	icable statutory f	or more than 90 days	optional) after filing.) Pursuant , this date will not b	to 605.0207 ( be listed as t
record spe	cifies a delayed effe	ective date, but n	ot an effective	time, at 12:01 a.	m, on the earlier o	f: (b) The 90th day	y after the
d is filed.			2023				
d is filed.	ober 20	<del> </del>	-, <u>2023</u>	·			
d is filed.	ober 20		11	horized representa	tive of a mamba		_

Filing Fee: \$25.00