L23000351106

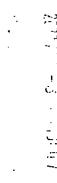
| (Red | questor's Name) | |
|---------------------------|-------------------|--------------|
| (Add | dress) | - |
| (7,000 | 11033) | |
| (Add | dress) | <u> </u> |
| (City | y/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bus | siness Entity Nam | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



100411420261

08/08/23--01013--017 **25.00



COVER LETTER

TO:

| TO: | | stration Section of Cor | | , S | | |
|-----------|---------|----------------------------|--|---|--|--|
| CHD IE | CT. | SD BISHA | | · | | |
| SUBJE | UI; _ | | Name of Lim | ted Liability Company | | |
| The enc | losed | Articles of A | Amendment and fee(s) are sub | nitted for filing. | | |
| Please re | eturn a | all correspor | ndence concerning this matter | o the following: | | |
| | | | GREGORY OSWALT | | | |
| | | | | Name of Person | . | |
| | | | GSOCPA LLC | | | |
| | | | | Firm/Company | - | |
| | | | 151 REGIONS WAY STE | 3C | | |
| | | | | Address | | |
| | | | DESTIN, FL 32541 | | | |
| | | | | City/State and Zip Code | ري دي | |
| | | | GSOCPALLC@GMAIL. C | | oritioation) | |
| | | | E-mail address: (| o be used for future annual report r | notification) | |
| For furth | her int | ormation co | oncerning this matter, please ca | 11: | , o) | |
| GREGO | ORY C | SWALT | | 850 654-9054 | | |
| | | Name of | Person | Area Code Day | time Telephone Number | |
| Enclose | d is a | check for th | e following amount: | | | |
| \$25 | .00 Fi | ling 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) | |
| | | ing Address istration S | | Street Address: Registration | | |
| | Divi | sion of Co | orporations | Division of C | Division of Corporations | |
| | | Box 632 | | | f Tallahassee | |
| | ran | ahassee, F | L 32314 | 2415 N. Mon | roe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Liability Company as it now appears on our Florida Limited Liability Company) | records.) |
|--|--|
| ility Company were filed on 07/25/2023 | and assigned |
| ······································ | |
| - | |
| e limited liability company here: | |
| ds "Limited Liability Company," the designation | on "LLC" or the abbreviation "L.L.C." |
| le: | |
| 4DDRESS) | |
| | <u> </u> |
| | |
| | |
| <u></u> | <u></u> |
| | · · · · · · · · · · · · · · · · · · · |
| istered office address on our records, | enter the name of the new regist |
| | |
| | |
| | |
| Enter Florida strae | et addrass |
| inter i tortuu siree | |
| | , Florida |
| | ility Company were filed on 07/25/2023 ing: ne limited liability company here: |

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 | RASHA ALLEN | 4456 SE PENNSYLVANIA AVE | = Add |
| | | TOPEKA, KS 66609 | □Remove |
| | | | Change |
| MGR | HEBA FERGUSON | 8931 E. BOXTHORN CT | = Add |
| | | WICHITA, KS 67226 | □Remove |
| | | | □Change |
| | | | Add |
| | | | 1 □Remove |
| | | | Change |
| | | | Add |
| | | | □Remove |
| | | | ☐ Change |
| <u>. </u> | | | |
| | | | Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| N/A | | |
|---|---|--|
| | | |
| | | |
| | | |
| | · · · · · · · · · · · · · · · · · · · | |
| | | |
| | | |
| | | <u> </u> |
| | | |
| | | 1 |
| | | • • |
| | | <u> </u> |
| ····· | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Effective date, if other than the If an effective date is listed, the date in Note: If the date inserted in this I document's effective date on the | ust be specific and cannot be prior to date of filing colock does not meet the applicable statutory f | (optional) or more than 90 days after filing.) Pursuant to 605,0207 (filing requirements, this date will not be listed as the |
| e record specifies a delayed effect rd is filed. | ive date, but not an effective time, at 12:01 a. | m. on the earlier of: (b) The 90th day after the |
| Dated JULY 31 | 2023 | |
| | 1/ | |
| | | |

Typed or printed name of signee