L23000413071

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COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT:	GNS Un	limited LLC	
		ited Liability 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:	
	Carlos G	ON Zal CZ Name of Person	
	ans unli	MITED LLC Firm/Company	
	6924 Ald	erwood dr	2023 OCT 31 PH 1: 05
		Address	<u>ω</u>
	Sarasoto	FI 34243 City/State and Zip Code	
	E-mail address: (garita @hotmail	1 0011 1
For further information c	oncerning this matter, please ca	all:	
KYISTY G Name o	ONZALCZ FPerson	at (941) 400 - Area Code Daytim	U 738 Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 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 Addres</u> Registration S		Street Address: Registration Se	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632		The Centre of T	
Tallahassee, l	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GNS	UNIMITED LL d Liability Company as it nov A Florida Limited Liability Com	C v appears on our recor	<u></u>		
The Articles of Organization for this Limited Liz Florida document number <u>L230004130</u>	ability Company were filed		1000	and ass	signed
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability comp	eany here:			
The new name must be distinguishable and contain the wo	rds "Limited Liability Compan	y," the designation "LLC	or the abbrevi	ation "L	.L.C."
Enter new principal offices address, if applica	ble:			2	
(Principal office address MUST BE A STREET	 TADDRESS)		V.I.	1231	
····					: .
				<u> </u>	•
Enter new mailing address, if applicable:				<u> </u>	7
(Mailing address MAY BE A POST OFFICE B					
			= :. ''1	Û5	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address or here:	our records, <u>enter</u>	the name of	the nev	v registered
Name of New Registered Agent:	<u>Carlos</u> E	ionzalez	·		
New Registered Office Address:	<u>623 144</u>	n S+ W # nter Florida street addres	132		
	Bradenton			420	7
Your Designation of Amendal Circumstance of the control of	Ciţv		Zi	ip 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 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	Carlos Gonzaloz	1028MANDOVSHMMHE182V	□Add
AMBR		BAAARAMMMAM BARAAH 6924 Alderwood ar	□Remove
		Sarasota, Fi 34243 (new address listed on D)	XChange Address
MGP	Kristy Gonzalez	WASHINGTHUST MYSERV	⊡∧dd
		Bradebtoh NEIN BURDAN 11924 Alderwood dr	□Remove
			XChange Adress
MGR	Janeth Gonzalez	4911 Kimberlynn Circle	CT DAdd'
		Sarasota, Fl 34243	Remove
			Change
			\\ _\Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets. if necessary.)
1,	Wanting to amend the registered Agent Address
-	from 6924 Alderwood dr Sarasota, Fl 34243 to
	6231 14th St W #132 Bradenton, FL 34207.
•	
2.	Wanting to amend the authorized person
•	Kristy gonzalez - manager address from
•	18924 Alderwood dr Sarasotu Fl 34243 to
•	1/231 14th St W #132 Bradenton, F1 34207.
•	Q P I I I I I I I I I I I I I I I I I I
	· · · · · · · · · · · · · · · · · · ·
3.	Wanting to amend and remove authorized MGR
<i>J</i> .	Derson langth Gonzalez 6911 kimberlynnigirs
	Sarasota, F 34243.
	JULIASULA, II DA DA J.
	Thank you!
	Thank you!
E. Effect	tive date, if other than the date of filing: (optional)
(If an cf	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docun	nent's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record is f	iled.
Dated	10/26/2023
	Kunturtomas Cen
	Signature of a member or authorized representative of a member
	Kristu Gonzalez
	Typed or printed name of signee