L23000422955

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COVER LETTER

TO:

Registration Section

Division of Cor	porations	•		
GG 64, LL	С	•	``	
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	_		
r lease return an correspo	machee concerning this matter	to the following.		
	Michael Bustillo			
		Name of Person		
	GG 64, LLC			
	-	Firm/Company		
	7154 Laurel Lane			
		Address		
	Miami Lakes, FL 33014			. ~3
		City/State and Zip Code		: .
	michael.bustillo@gmail.cor	n to be used for future annual report notif	fication)	72
For further information of	concerning this matter, please c	·	neution)	
Maximo R. Espinoza	.,	786 351-5467		 بن ريک
Name o	of Person	at () Area Code Daytim	e Telephone Number	
Englyand is a shoot for t	ha fallanian umanut			
Enclosed is a check for the	□ \$30.00 Filing Fee &	C 655 00 Elling Fam P.	□ \$60.00 Fili	: T
= 325.00 Filming Pee	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified (e of Status &
Mailing Addres		Street Address:		
Registration ! Division of C		Registration Sec Division of Cor		
P.O. Box 632	27	The Centre of T	allahassee	
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 81 . 32303	U

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GG 64, LLC		
(<u>Name of the Limited Liability (</u> (A Florida Lii	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on September 8, 2023	and assigned
Florida document number L23000422955		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	(22)	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		22
		-
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Ciņ	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 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	Leonardo Valdes	3289 22 Avenue NE, Naples FL 34103	= Add
			□Remove
		 	□Change
	44-7-4		□Add
			□Remove
			□Ĉĥange
			□ Add
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·			□Add
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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of finite: If the date inserted in this block does not meet the applicable statute cument's effective date on the Department of State's records.	ling or more than 90 days after filing.) Pursuant to 605.01
ecord specifies a delayed effective date, but not an effective time, at 12:0 is filed.	01 a.m. on the earlier of: (b) The 90th day after the
September 25 2023	
$\langle M \rangle \langle M \rangle \langle M \rangle$	

Filing Fee: \$25.00

Typed or printed name of signee