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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GBS CONSULTANTS, INC.

Account Number : I20050000012

: (954)659-8835

Fax Number : (954)301-0417

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: corprecords@gbsgroup.net

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **TUELIGES.US LLC**

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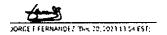
Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa	ny as it now annear	s on our records \	
(Ivanic of the Little	ited Liability Compa (A Florida Limited)	Liability Company)	3 011 041 1 (LUI U.)	
The Articles of Organization for this Limited I	Liability Company	were filed on	/20/2023	and assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company he	re:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	esignation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7971 Riviera Bl	vd, Suite 204	
(Principal office address MUST BE A STRE	rincipal office address MUST BE A STREET ADDRESS)		023	
				?
Enter new mailing address, if applicable:		7971 Riviera Bl	vd, Suite 204	
(Mailing address MAY BE A POST OFFICE BOX)		Miramar, FL 33	023	
B. If amending the registered agent and/or	registered office a	address on our re	cords, enter the n	±² ame of the new regis
agent and/or the new registered office addre			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name of New Registered Agent:	EZCompliance, LLC			
New Registered Office Address:	7971 Riviera B	lvd, Suite 204		
		Enter Flori	ida street address	
	Miramar		, Florida	33023
		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.



19549515293

→ 18506176383

## 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
CMO	Arnaud, Martin	845 BELLA VERDE TERRACE, APT 331	🗆 Add
		SANFORD, FL 32771	Remove
			□Change
MGR	Gaffoglio, Michael	7971 Riviera Blvd, Suite 204	
		Miramar, FL 33023	
			□Change
MGR	Gaffoglio, Marc F	7971 Riviera Blvd, Suite 204	□Add
		Miramar, FL 33023	🗀 Remove
			Change
MGR	Valderrama, Viviana	7971 Riviera Blvd, Suite 204	□Add
		Miramar, FL 33023	Remove
			Change
			DAdd
			□Remove
			Change
			🗀 Add
			Remove
			□Change

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		<del></del>			<del></del>
Effective date, if other than the	date of filing:			(option	
(If an effective date is listed, the date mus	t be specific and car				
Note: If the date inserted in this bloodcument's effective date on the Do			ole statutory filling	ig requirements, this c	late will not be listed as
the record specifies a delayed effective	e date, but not an	effective tim	e, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
ord is filed.					
December 20th		2022			
Dated	, .	2023	<u>.</u> .		
HC.					
Marcelo Galfoglio (Dec. 20, 7023 13.35 5	51)				
·	Signature of a mer	nber or authori	zed representative	of a member	<del></del>

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