## L23000441559

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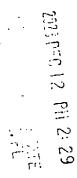
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## **COVER LETTER**

TO: Registration Se Division of Cor			•		•
GB KB IN	VESTMENTS LLC				
SUBJECT:	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub	<u>-</u>			
	XIOMARA CORTES				
		Name of Person			
		Firm/Company			
	260 CRANDON BLVD 3	2-119			
	KEY BISCAYNE, FL 33	Address			- · · · · · · · · · · · · · · · · · · ·
	XCORTES@VOURMET.	City/State and Zip Code NET			
		to be used for future annual report notifi	ication)		
For further information c	oncerning this matter, please c	all:			
XIOMARA CORTES		786 783-3610 at ()		<u>7</u> 623 (	·1
Name o	f Person	Area Code Daytime	Telephone Number	2023 P.T.C 12	• •
Enclosed is a check for the	ne following amount:			P	. ,
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status & 🙆 -	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L23000441559</u>	ompany were filed on <u>09/22/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
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 registere
agent and/or the new registered office address here:		29
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

GB KB INVESTMENTS LLC

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	GABRIELA BENEDETTI		Add
			□Remove
			■Change
			□ Remove
			□Change
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Effective date, if oth If an effective date is listed Note: If the date inser document's effective d	d, the date must be speci ted in this block does	ific and cannot be pri s not meet the app	licable statutory	or more than 90 days	optional) s after filing.) Pursus s, this date will no	ant to 605.0207 of be listed as t
	ayed effective date, b	ut not an effective	time, at 12:01 a	.m. on the earlier (	of: (b) The 90th	day after the
e record specifies a delerd is filed.						
rd is filed.		. 2023	·			
rd is filed.	· 	. 2023				