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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 655 Solutions LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gosendy Sauveur Name of Person
Firm/Company
751 N Pine Island Road
PLANTATION, FL 33324  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gasendy Sauveur at (754) 610 - 2972  Name of Person at (754) baytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee     Certificate of Status     Certificate of Status     Certified Copy (additional copy is enclosed)     Certified Copy (additional copy is enclosed)

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

GS5 Solutions	LLC bility Company as it now app	2023 Dire = 4 11:11:02
(A Flo	orida Limited Liability Company	i)
The Articles of Organization for this Limited Liability		10 12 20 23 and assigned
This amendment is submitted to amend the following	ç;	
A. If amending name, enter the new name of the l	limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words	Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registon agent and/or the new registered office address her		records, enter the name of the new registered
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	<del></del>	
	Enter F	lorida street address
	270	Florida Zip Code
	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.

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

Title ·	Name	Address	Type of Action
MGR	GASENDY SAUVEUR		
		PLANTATION, FL 33324	□Remove
			□Change
			□Add
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Note: If th	late, if other the e date is listed, the d te date inserted in s effective date or	this block does n	ot meet the a	applicable stat	23 filing or more th utory filing requ	(option 90 days after fairements, this	nal) lling.) Pursuant to date will not be	605.0207 ( listed as t
e record spord is filed.	ecifies a delayed e	ffective date, but	not an effect	tive time, at 1	2:01 a.m. on the	e earlier of: (b)	The 90th day a	ifter the
Dated	November	29th	2	023 .				
		Den	erdy	e authorized	minimum time of a	aum ha-		-
		-ASEND						