L230005524%

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COVER LETTER

	egistration Se vivision of Cor					
CUID IECT	Gaeto Resi	dential Investments, LLC				
SUBJECT	•	Name of Lim	nited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	ırn all correspo	ondence concerning this matter	to the following:			
		Maggie Fisher				
			Name of Person			
		P.A.				
		Firm/Company				
	Address					
	City/State and Zip Code					
		anthony@gaeto.com E-mail address: ((to be used for future annual report notification)			
For further	r information c	oncerning this matter, please c	all:			
Staci Hole	om		913 742-7221 at ()			
Name of Person		f Person	at () Area Code Daytime Telephone Number			
Enclosed i	s a check for th	he following amount:				
€ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & ☐ S60.00 Filing Fee. Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
R D P	failing Addrest tegistration Solvision of Co. Box 632 fallahassee, 1	Section Corporations 17	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
•		 .	Tallahassee, FL 32303			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gaeto Residential Investments, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12-14-2023 and assigned Florida document number L23000552496 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 Habi the 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>	Name	Address	Type of Action
MGR	Shuzhen Yuan	14340 Pelham Lane	□Add
		Odessa, FL 33556	_ □Remove
			= Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
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		TALL	Change 024
		A.S. C.F. O	Remove The Change
			_ □ Add
			□Remove

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cument's effective date on the D	epartment of State s	records.				HAR _
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coord specifies a delayed effective is filed.	e date, but not an eff	fective time, at 12	:01 a.m. on the earl	ier of: (b)	The <u>9</u> 0th d	— pr Mafter the
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	MISTANIA	a / XO/	((((((((((((((((((((
	M. M. M. M. Signature of a member	or authorized rep	resentative of a memb	er		
Maggie Fisher, Authori		er or authorized rep	resentative of a memb	er		

Filing Fee: \$25.00