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	GMNT ESTATE LLC	
	(CORPORATE NAME AND DOCUM	MENT#)
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	(CORPORATE NAME AND DOCUM	MENT #)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

GMNT ESTATE, LLC

2024 MAR 19 PM 12: 35

(Name of the Limited Li	iability Company as it now appears on lorida Limited Liability Company)	our records.)	
(A1)	ionaa ciiimea maointy cempany)	TÁLLAHASSÉÉ, FLORIDA	
The Articles of Organization for this Limited Liabili	ity Company were filed on $\frac{01/24/}{}$	and assigned	
Florida document number L24000041140	<del></del> ,		
This amendment is submitted to amend the followin	g:		
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 design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	;	<del>-</del>	
(Principal office address MUST BE A STREET AI	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		
B. If amending the registered agent and/or r registered agent and/or the new registered office:		r records, <u>enter the name of the no</u>	
registered agent and/or the new registered office	address here.		
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	Enter Florida s	tuvit address	
	Lmer r waa	er maaress	
-	City	Florida Zip Code	
New Registered Agent's Signature, if changing Regist	·	Ση του	
	<del></del>		
hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance of my ed agent as provided for in Chap tered office address, I hereby co	duties, and I am familiar with and oter 605, F.S. Or, if this document is	
	If Changing Registered Agent,	Signature of New Registered Agent	

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
AMBR	MARIANA SIMOCA		
			U Add
			Remove
			■ Change
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ffective	e date, if other than the date of filing:(optional)
ion effect	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
locumen	nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier both day after the record is filed.
atcd	March 17, 2024.  Whatiana Chinoce Signstruc of a member of authorized representative of a member.
	Maria
	Signature of a member or authorized representative of a member
	Mariana Simoca, Member
	Typed or printed name of signee

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