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COVER LETTER

TO: Registration Section

Div	ision of Cor	porations			
CUDIECT.	THG GPS (GROUP, LLC	L24000	053493	
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		STACY LITTLE			
	Name of Person				
			Firm/Company		
		600 SE OCEAN BLVD	· ······· company		
			Address		
		STUART, FLORIDA 3499			
			City/State and Zip Code		
		JOHN QUY E-mail address: (1Zalez @ evreal to be used for future annual report not	estate.com	
For further in	nformation c	oncerning this matter, please c	all:		
STACY LIT			772 263-0907 at ()		
	Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Ma</u>	iling Addres	<u>s:</u>	Street Address:		
Re	gistration S	Section	Registration Se	Registration Section	
Division of Corporations				Division of Corporations The Centre of Tallahassee	
). Box 632 llahassee, I			Tallahassee oe Street, Suite 810	
12	nanassee. I	CL 34314	Z410 IV. MOHR	JE DITCEL, BUILD OTV	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THG GPS GROUP, 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 ______ and assigned Florida document numb.. <u>L 24 (0007)</u> 53493 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited <u>liability company here</u>: THE GPS GROUP, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida ___

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
			□Remove
			Change
			□Remove
			□ Change
			□ Remove
		_ _	
			Change
			□Remove
			
			□Remove
			Change

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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
e recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	217124 My httle Signature of a member prauthorized representative of a member
	Stacy Little
	\times 1 (1 LM $-$ 1 T LLV $+$