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то:		ration Secti n of Corpo			•				
CHDIE		S НОМЕ М.	ANAGMENT LLC						
SUBJEC	Name of Limited Liability Company								
			nendment and fee(s) are sub ence concerning this matter	-					
			Raquel B. Mowrer	C					
				Name of Person					
			ON TARGET BUSINESS	SOLUTIONS LLC					
		Firm/Company							
			7021 GRAND NATIONAL DR. STE 100 Address						
		ORLANDO, FL 32835							
			City/State and Zip Code						
		office@rmontarget.com E-mail address: (to be used for future annual report notification)							
For furth	er infor	mation cond	eerning this matter, please ca						
Raquel I				407 745	5 1706				
		Name of Po	erson	at () Area Code	Daytime Teleph	one Number			
Enclosed	l is a che	eck for the f	ollowing amount:						
■ \$ 25.	00 Filin	g Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing	Address:	ition	Street Ad	ldress:				

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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

GS HOME MANAGMENT LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
he Articles of Organization for this Limited Liability Company w	rere filed on and as	signed
orida document number L24000074574		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabili	ty company here:	
S HOME MANAGEMENT LLC		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L	"L.C."
inter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET ADDRESS)		
	•	
	:	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office ad	dress on our records, enter the name of the ne	w regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
·	City Zin 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 <u>Title</u> **Address Type of Action** <u>Name</u> _____ 🔼 🗀 Add ____ □Remove _____ □Change ___ 💹 🖳 🗀 Add _____ Change _____ □Add □ Remove ______Remove _____ Change ___ _ _ _ _ _ _ Add _____ □Remove _____ Change _____ □Add

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<u>Note:</u> 11	e date, if other than the date of filing:
he record ord is filed	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 d.
Dated _	FEBRUARY 221h 2024
	W/ill L'_
	Signature of a member or authorized representative of a member
	MARCELO GUERREIRO