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COVER LETTER

TO: Registration Division of C	Section Corporations	
GJSUBI Subject:	NK, SLOGAN SUBLIMATION	LLC
30BJEC 1:	Name of Lin	nited Liability Company
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.
Please return all corre	spondence concerning this matter	to the following:
	JACKELINE ESTEBAN	
		Name of Person
	GJSUBINK, LLC	
		Firm/Company
	4651 W FLAGLER ST A	9 TY
		Address
	CORAL GABLES, FL 33	134
		City/State and Zip Code
	GJSUBINK@GMAIL.CO:	!I
	E-mail address: (to be used for future annual report notification)
For further information	n concerning this matter, please o	ail:
JACKELINE ESTEB	AN	305 5898174 at ()
Nam	e of Person	Area Code Daytime Telephone Number
Enclosed is a check fo	r the following amount:	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addi Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	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

GJSUBINK, SLOGAN SUBLIMATION LLC

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.24000155303}{1.24000155303}$.	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
GJSUBINK, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4651 W FLAGLER ST APT 9	ASS 21 A
(Principal office address MUST BE A STREET ADDRESS)	CORAL GABLES, FL 33134	R
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a	address on our records, enter the	name of the new registers
agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the</u>	name of the new registers
New Registered Office Address:	Enter Florida street address	
	, Florid	a
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and l' provided for in Chapter 605, F.S.	am familiar with and Or, if this document is tellinited liability

If amending Authorized Person(s) authorized to manage, enter the title, name, and address or removed from our records:			of each person being add	
MGR = Man				
<u>Title</u>	Name	Address	Type of Action	
			☐ Add	
			☐Remove	
			☐ Change	
			☐Add	
	•		☐Remove	
			☐ Change	
			☐Add	
			☐ Remove	
			☐ Change	
			 	
			☐Remove	
			☐Change	
			│ │ │ │	
			□ Петюче	
			□Change	
			⊡Add	
			☐ Remove	
			□Change	

). If amending any other informa	tion, enter change(s) here: (Attach	additional sheets, if necessary.)	
			
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Effective date, if other than the	date of filing:	(optional) ing or more than 90 days after filing \P	ursuant to 605 0207 (3)
Note: If the date inserted in this bl	ock does not meet the applicable statuto	ry filing requirements, this date wi	Il not be listed as the
document's effective date on the D	epartment of State's records.		
ne record specifies a delayed effective ord is filed.	e date, but not an effective time, at 12:0	La.m. on the earlier of: (b)	X)th day after the
Dated APRIL 10	2024		
	Signature of a member or authorized repres	entative of a mumber	
	organisme of a member of authorized repres	CINALISC OF A INCHINCI	
JACKELINE ESTEBA			
- · · · · · · · · · · · · · · · · · · ·	Typed or printed name of s.	ignee	