L24000169967

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: GAAJI2 INVE	STMENTS LLC
None W. E.	miled Billottiy Company
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Noe 6	Name of Person
	Firm/Company
19355 Ti	Vrnberry WAY: 25A
Aventura,	City/State and Zip Code CHOTMAIL. COM- (to be used for future annual report notification)
E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, please	
	÷
Name of Person	at (954) 6/48665 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	mpany as it now appears on our records.)		
	mpany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Compa	vany were filed on $4/10/24$ and assigned		
Florida document number <u>L 24000/69967</u> .	und uning red		
Torka document manber 25 - je 50 je 17 - j.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
The new name must be distinguishable and contain the words "Limited L	iability 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	24		
	<u>≥</u>		
	- 		
Enter new mailing address, if applicable:	Ma 2 m		
(Mailing address MAY BE A POST OFFICE BOX)			
	<u> </u>		
B. If amending the registered agent and/or registered offi	ice address on our records, <u>enter the name of the new regi</u> s		
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
riew registered (vince riddress).	Enter Florida street address		
	, Florida		

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being adde or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR.	Noe Gucarschi	19355 Turnberry way	- 25A - Deld AL
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

(If an el Note:	live date, if other than the date of filing: 4/16/24 (optional) Tective 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 605.0207 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he reco ord is t	rd 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 iled.
Dated	4/16/24
	Signature of a momber of authorized representative of a member
	NOO GOOGLECH!
	Typed or printed name of signee

Filing Fee: \$25.00