L24000171969

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COVER LETTER

TO: Registration Se Division of Cor			
GOSIG LL	.C		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Callhan Soldavini		
		Name of Person	
	Soldavini Law, PA		
		Firm/Company	
	791 10th Street S., #301		
		Address	
	Naples, FL 34102		
		City/State and Zip Code	
	callhan@soldavinilaw.com		
		(to be used for future annual report notification)	
For further information of	concerning this matter, please of	rall:	- •
Callhan Soldavini		239 398-4831 at ()	
Name o	f Person	Area Code Daytime Telephone Nu	mber Co
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ifficate of Status & ified Copy tional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Section	
Division of C		Division of Corporations	
P.O. Box 632	27	The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, Sui	ite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOSIG LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our record nited Liability Company)	<u>(s.)</u>
The Articles of Organization for this Limited Liability Comp Florida document number <u>L24000171969</u>	pany were filed on 04/11/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
FranziFlorida LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u></u>	
Enter new mailing address, if applicable:		· · ·
(Mailing address MAY BE A POST OFFICE BOX)		()
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addres	ıs
	FI	orida
	City	orida
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Regist	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties, as t as provided for in Chapter 605,	nd I am familiar with and 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>	Name	Address	Type of Action
			□Add
			Remove
			Change
			□Add
			Change
			□Remove
			, Change
			- Sin Add
			□Remove
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			□Remove
			□ Change

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Come al Al : i		date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day aft
Cathar A aldaviji Signature of a member or authorized representative of a member		2024	
	ted May 13	··	

Filing Fee: \$25.00