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08/22/24--01005--003 **60.00



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: GDML Bra	ndon, LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Robin Ahlquist		
		Name of Person	 _
	MVP Holdings		
		Firm/Company	
	4343 Anchor Plaza Parkwa	ay, Suite 1	
		Address	 -
	Tampa, FL 33634		
		City/State and Zip Code	
	rahlquist@mvpholdings.com		
		to be used for future annual report notific	ration)
For further information c	oncerning this matter, please c	all:	
Robin Ahlquist		813 321-7775 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 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)

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

GDML Brandon, 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 April 19, 2024 and assigned Florida document number <u>L24000179769</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 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: Robin Ahlquist Name of New Registered Agent: 4343 Anchor Plaza Parkway, Suite 1 New Registered Office Address: Enter Florida street address __, Florida 33634 Zip Code Tampa

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 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>	<u>Address</u>	Type of Action
MGR	Jesse McPherson	4343 Anchor Plaza Parkway, Suite 1	= Add
		Tampa, FL 33634	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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	Signature of a member or authorized representative of a member	Dated	AUGUST 19 2024
Signature of a member or authorized representative of a member		-	
Signature of a member or authorized representative of a member			
	Jesse McPherson	_	Signature of a member or authorized representative of a member
	Jesse McPherson		

Filing Fee: \$25.00