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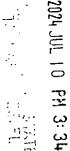
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(Requestor's Name)
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COVER LETTER

	Registration Se Division of Cor						
SUBJEC	Ganon Ser		·				
30bin.C		Name of Lin	ited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please ret	turn all correspo	ondence concerning this matter	to the following:				
		Jake Ganon					
		-	Name of Person				
			Firm/Company				
		1160 NE 200th St					
		Address					
		Miami, FL, 33179					
		City/State and Zip Code Ganonservices@outlook.com					
		E-mail address: (to be used for future annual report notific	ation)			
For furthe	er information c	oncerning this matter, please c	all:				
Jake Gan	ion		786 488-9041				
	Name o	f Person	Area Code Daytime 7	Celephone Number			
Enclosed	is a check for th	ne following amount:					
■ \$25.0	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)			
	Mailing Addres Registration S		Street Address: Registration Section	ion			

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ganon Services LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/18/2024	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		024
Enter new mailing address, if applicable:		-0
Mailing address MAY BE A POST OFFICE BOX)		P
		·'
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
,	, Flor	
•	City·	Zip 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 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>	<u>Name</u>	Address	Type of Action
MGR	Jake Ganon	1160 NE 200th St Miami FL 33179	≅ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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Effect	ive date, if other than the date of filing:
<u>Note:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docun	nent's effective date on the Department of State's records.
e recoi rd is fi	d 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 led.
Dated	06/18/2024
	\mathcal{L}
	- malgaren
	Signature of a member or authorized representative of a member