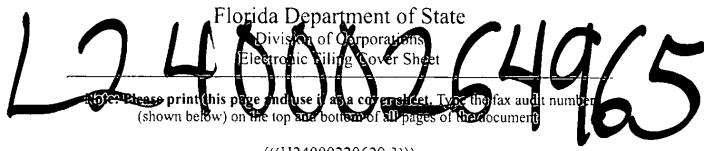
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THERREL BAISDEN, ŁLP

Account Number : I2014000065

: (305)371-5758

Fax Number

: (305)371-3178

Enter the email address for this business entity to be used for future ചഗ annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

atejidor@therrelbaisden.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GARCIA 11207, LLC

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## **COVER LETTER**

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Enclosed	is a check for	the following amount:			
. <b>≘ \$2</b> 5.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of St Certificate Copy (additional copy is a	tatus &
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P.O. Box 6327 Tallahassee, FL 32314

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	GARCIA 11207, LLC		
	(Name of the Limited Liability	Company as it now appears on our records.) imited Liability Company)	<del></del>
Ç.i ·	· · · · · · · · · · · · · · · · · · ·	mined Elability Companyy	
	rticles of Organization for this Limited Liability Cor	mpany were filed on JUNE 11, 2024	and assigned
	a document number <u>L24000264965</u>	•	
This a	mendment is submitted to amend the following:		
Å <sup>gg</sup> if	amending name, enter the new name of the limite	d liability company here:	
GARC	CIA 6537, LLC		
The nev	v name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter	new principal offices address, if applicable:		
	ipal office address MUST BE A STREET ADDRE	200	24
Frinc	iput Office datiress most be A STREET ADDRES		
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٠,	new mailing address, if applicable:		
(Maili	ng address MAY BE A POST OFFICE BOX)		<u> </u>
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	amending the registered agent and/or registered of and/or the new registered office address here:	office address on our records, enter the n	ame of the new registered
agent Na			
•• •			
	Name of New Registered Agent:		
.f	New Registered Office Address:		
,		Enter Florida street address	
7:	: ,	, Florida	
		City	Zip Code
New B	legistered Agent's Signature, if changing Registered	Agent:	
provis accep being	by accept the appointment as registered agent ar sions of all statutes relative to the proper and con t the obligations of my position as registered age filed to merely reflect a change in the registered any has been notified in writing of this change	mplete performance of my duties, and I a ent as provided for in Chapter 605, F.S. (	m familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

From: Maria Spincola ,

Fax: 13053715758

To:

Fax: (850) 617-6383

Page: 4 of 5

06/25/2024 2:26 PM

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

Title	Name	Address	Type of Action
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