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(Re	equestor's Name)					
(Ac	ddress)					
(Ad	ddress)					
(Ci	ty/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
(Bu	usiness Entity Nam	e)				
(De	ocument Number)					
Certified Copies	Certificates	Certificates of Status				
Special Instructions to	Filing Officer:					
23						

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Diana Nieres De	Siras LC
Name of Lin	nited Efability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Diana N:	ピリピラ Name of Person
Diana Niera	Firm/Company
1503 Minosca	Way 1/pl zerz
ikalm Beach	Crosteries FL. 33418
dianacamile E-mail address:	to be used for future andual report notification)
For further information concerning this matter, please of	zatl:
Name of Person	at (501) 281 - 1513 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
≤ \$25.00 Filing Fee	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
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

(Name of the Limited Liability Compar	GX LLC	
(Name of the Limited Limited Limited Limited L	iability Company)	<u>:corus.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000265410</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		22.
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		ان
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, g	nter the name of the new registered
Name of New Registered Agent:	<u>- 111</u>	
New Registered Office Address:		
	Enter Florida street o	ddress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutic provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is
If Chan	iging Registered Agent, Signa	ture 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
MGR	Diane Nieves	Palm Beach Gardens 5341	Z Add
		70000 1 12000 1	□Remove
			□Change
	None		□Add
			🗀 Remove
			Change
	None		🗆 Add
			□Remove
			□ Change
	None		🗆 Add
			Remove
			□Change
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ecord spec is filed.	ifies a delayed e	effective date, bu	t not an o	effective un	ne, at 12:01	a.m. on the	earlier of: (b) The 90th	day after the
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Filing Fee: \$25.00