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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: G.C	S.J.E "ULC"			
	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:		
	JOA	N GARCIA		
		Name of Person		
	<u>G</u> .	G. J. E "LLC" Firm/Company	·	
	12881	4 SW 62nd W	<u> </u>	
	MRAM	City/State and Zip Code		
	E-mail address: (6762 6 9mal, co	nation)	
For further information co	oncerning this matter, please ca	alt:		
JOAN Name of	CARCLA Person	at (<u>786</u>) <u>825 -</u> Area Code Daytime	1384. Telephone Number	
Enclosed is a check for th	e following amount:		•	rigozenek ezer eren eren ere
★ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Fifing Fee. Certificate of Status & 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

G.G.J.E'L	VC"
(Name of the Limited Liability Company as (A Florida Limited Liabilit	y Company)
The Articles of Organization for this Limited Liability Company were	filed on Oo-\2-2024 and assigned
Florida document number <u>L24000268792</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>``</u>
(Principal office address MUST BE A STREET ADDRESS)	
	ر <u>ن</u> ن
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · ·
	: .
B. If amending the registered agent and/or registered office addreagent and/or the new registered office address here:	ss on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
·······	. Florida
(Tip 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 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	JOAN GARCIA	12884 SW 62 rd LAUE MIAHI, FL 33183	MAdd
			□Remove
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Simple Company	
organity of a member of authorized representative of a member	
TOAN GARCIA Typed or printed name of signee	

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