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(Cit	ty/State/Zip/Phone	#)
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SEURLEWS OF STATE

2024 SEP 11 PH 5: 1

## **COVER LETTER**

TO:	Registration of	on Section Corporations	
arin In		OCATION LLC	
SUBJE	C1:	Name	of Limited Liability Company
The end	closed Article	es of Amendment and fee(s)	are submitted for filing.
Please i	return all con	respondence concerning this	matter to the following:
		GIOVANNI FIGUI	EROA
			Name of Person
		GIOLOCATION L	LC
			Firm/Company
		9805 PALMETTO	CLUB DRIVE
			Address
		MIAMI, FL 33157	
City/State and Zip Code		•	
		GIO@GIOLOCATI	ON.COM  ddress: (to be used for future annual report notification)
For fire	thar informat	tion concerning this matter, p	
GIOV	ANNI FIGUI		305 684-2814 at ()
	N	ame of Person	Area Code Daytime Telephone Number
Enclose	ed is a check	for the following amount:	
■ \$2	5.00 Filing F	Cee \$30.00 Filing Fe Certificate of S	
	Division P.O. Box	ion Section of Corporations	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**

GIOLOCATION LLC		<del></del>
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our reco ted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comparing document number <u>L24000366669</u>	any were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	- 102 - 101
		024SEF
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		SSC P
	<del> </del>	<u> </u>
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>ent</u>	er the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	lress
	City	Florida

## 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FATIMA HERRERA	278 KING AVE	■Add
		KEY LARGO, FL 33037	□ Remove
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			□Add
			□Remove
			Change
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f an eff Note:	ive date, if other than the date of filing:  (optional)  ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor	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	AUGUST 27 2024
	Signature of a niember or authorized representative of a member

Filing Fee: \$25.00