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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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10/24/24--01020--028 **30.00

COVER LETTER

TO: Registration S Division of Co				
O + 14+ 441 OW	State LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Kuruvilla Philip			
		Name of Person		
	Gods Own State LLC			
		Firm/Company		
	2040 Lake Point Dr			
		Address		
	Weston, FL - 33326			
		City/State and Zip Code	<u> </u>	
	philip@godsownstate.com			
For further information	t-mail address: (concerning this matter, please c	to be used for future annual report nall:	otification)	
Kuruvilla Philip		201 9251738 at ()	-	
Name o	of Person		ime Telephone Number	
Enclosed is a check for t	the following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration	Section	Street Address: Registration S		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gods Own State LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
Florida document number L24000436743	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
'he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. <u> </u>
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	-	~ 1
3. If amending the registered agent and/or registerogent and/or the new registered office address here:		e name of the new regist
Name of New Registered Agent:		
Nava Basistanad Office Address		, ,,
New Registered Office Address:	Enter Florida street address	
	Elor	ida
	City	ida 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kuruvilla, Hanna	2040 Lake Point Dr	■Add
		Weston, FL -33326	□Remove
			□Change
			□Add
			□Remove
			□Change
			⊃? □Remove
			□Change
			□Add
		-	□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			Remove
			Change

Effective date, if other than the date of filing: 10/07/2024 (optional) (op						
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