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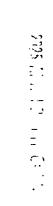
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S. MARAINER

. COVER LETTER

TO:

Registration Section

Division of Co	rporations		ŝ
GJS GLOI	BAL LLC		
SUBJECT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
	Amendment and fee(s) are sub	-	
Please return all correspondence	ondence concerning this matter	to the following:	
	SOHAL SHAH		
		Name of Person	
	GJS GLOBAL LLC		
		Firm/Company	
	19815 GLAZING GLOBI	ELANE	
		Address	
	LUTZ FL 33558		
	COLLAI CHALLEOGICA IAI	City/State and Zip Code	
	SOHALSHAH320@GMAl E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
SOHAL SHAH		813 731-3024	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GJS GLOBAL LLC

company has been notified in writing of this change.

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor (Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company	y were filed on 102/04/2025	and assigned
Florida document number 1.25000061485		
This amendment is submitted to amend the following:		Ų.
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LI.	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	er the name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet		

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

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PUNIT SHAH	18719 BIRCHWOOD GROVES DR.	≘ Add
		LUTZ, FL 33558	□Remove
			□Change
MGR	ANJALI SHAH	18719 BIRCHWOOD GROVES DR.	■ Add
		LUTZ, FL 33558	□Remove
			□ Change
			□Add
		 -	□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
			⊡Add
			□ Remove
			□Change

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fective date, if other than the n effective date is listed, the date mus	e date of filing: st be specific and cannot be prior.	to date of filing or more than 90 day	(optional) vs after filing.) Pursuar	nt to 605.020
ote: If the date inserted in this bl	lock does not meet the applica	able statutory filing requiremen	us, this date will not	be listed a
cument's effective date on the D	repartment of State's records.			
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	Signature of a member or author	rized representative of a member	:	