

L04 0000 57637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

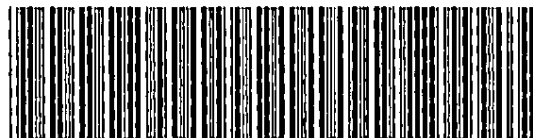
(Business Entity Name)

(Document Number)

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12/28/20--01009--020 **25.00

FEB 08 2021
S. YOUNG

FILED
2020 DEC 28 PM 6:33

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GUSMEL, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDUARDO JAKUBOWICZ, MANAGER
Name of Person
GUSMEL, LLC
Firm/Company
1180 E HALLANDALE BEACH BLVD
Address
SUITE B
City/State and Zip Code
HALLNDALE BEACH, FL 33009
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDUARDO JAKUBOWICZ, MANAGER
Name of Person at (305) 7333077
Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

GUSMEL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2017 DEC 29 PM 6:33

The Articles of Organization for this Limited Liability Company were filed on 09/01/2017 and assigned
Florida document number L04000057637

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

17301 Biscayne Blvd unit 1103
Aventura FL 33160

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

17301 Biscayne Blvd unit 1103
Aventura FL 33160

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Miguel Hernandez P.A

New Registered Office Address:

8500 West Flagler St suite B-208

Enter Florida street address

Miami

City

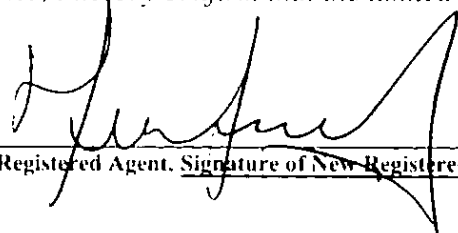
Florida

33144

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is intended 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
M	GRINBERG, RICARDO	126 S FEDERAL HWY	<input type="checkbox"/> Add
		DANIA, FL 33004	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Yuseth Martinez J	17301 Biscayne Blvd #1703	<input checked="" type="checkbox"/> Add
		Aventura Fl 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for entering amendments.

effective date, if other than the date of filing: _____ (optional)

effective 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 (3)(b) e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the member's effective date on the Department of State's records.

ord 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 filed.

12/23/2020

Handwritten signature of Eduardo Jakubowicz

Signature of a member or authorized representative of a member

EDUARDO JAKUBOWICZ, MANAGER

Typed or printed name of signee