

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000441813 3)))



H210004418133ABCY

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : HARDING BELL INTERNATIONAL, INC.  
Account Number : 120140000043  
Phone : (863)968-1010  
Fax Number : (863)968-1020

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: clientservices@hbitax.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GABSAN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

**COVER LETTER**

TO: Registration Section  
Division of Corporations

H21000441813 3

SUBJECT: GABSAN, 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:

KEVIN REDLING

Name of Person

HARDING BELL INTERNATIONAL, INC

Firm/Company

113 PONTOTOC PLAZA

Address

AUBURNDALE, FL 33881

City/State and Zip Code

CLIENTSERVICES@HBITAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN REDLING

863 968-1010  
at ( )  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

H21000441813 3

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H210004418133

GABSAN, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/25/2019 and assigned  
Florida document number L19000113612.

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:

2234 WYNDAM WAY

**(Principal office address MUST BE A STREET ADDRESS)**

KISSIMMEE, FL

34743

Enter new mailing address, if applicable:

2234 WYNDAM WAY

**(Mailing address MAY BE A POST OFFICE BOX)**

KISSIMMEE, FL

34743

**B. 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:

HARDING BELL INTERNATIONAL, INC

New Registered Office Address:

113 PONTOTOC PLAZA

*Enter Florida street address*

AUBURNDALE

, Florida 33881

*City*

*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 Changing Registered Agent, Signature of New Registered Agent

H210004418133

H 2 10004 41813 3

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>	<u>Type of Action</u>
AMBR	VELANDIA ELORZA, SANTIAGO	2234 WYNDHAM WAY	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34743	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VELANDIA ELORZA, GABRIELA	2234 WYNDHAM WAY	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34743	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUIS, VELANDIA IZQUIERDO CARLOS	6910 NW 59TH ST #97829	<input type="checkbox"/> Add
		MIAMI, FL 33195	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VELANDIA IZQUIERDO, LUIS CARLOS	2234 WYNDHAM WAY	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34743	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ELORZA ESPINEL, LUISA Fernanda	2234 WYNDHAM WAY	<input type="checkbox"/> Add
		KISSIMMEE, FL 34743	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H 2 1000 44 1813 3

1121000441813 3

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

TO CONFIRM ON ALL CHANGES:

1) UPDATING PHYSICAL AND MAILING ADDRESS

2) CHANGING REGISTERED AGENT

3) CORRECTING AND UPDATING ADDRESS FOR LUIS, VELANDIA IZQUIERDO CARLOS

CORRECT NAME IS: VELANDIA IZQUIERDO, LUIS CARLOS

4) ADDING TWO NEW MEMBERS (SANTIAGO AND GABRIELA)

5) UPDATING ADDRESS FOR LUISA FERNANDA ELORZA ESPINEL

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2021 DEC -3 PM 1:53

FILED

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an 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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated November 30<sup>th</sup>, 2021Luisa F. Elorza  
Signature of a member or authorized representative of a member

LUIA FERNANDA ELORZA ESPINEL

Typed or printed name of signee

1121000441813 3

Filing Fee: \$25.00