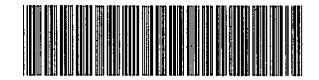
## K21000 254201

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
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## **COVER LETTER**

Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

TO:

Gainz Build	ders				
SUBJECT:	Name of Lim	ited Liability Compan	ıy	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Rafael Escalante				
	_	Name of Perso	n	· · · · · · · · · · · · · · · · · · ·	
	Gainz Builders				
		Firm/Compan	y		
	911 Albertville Ct		ı		
		Address			
	Kissimmee, Florida 34759				
	rafa.escal69@gmail.com	City/State and Zip	Code		
		to be used for future a	innual report notif	ication)	
For further information c	oncerning this matter, please c	all:		:	2021 DEC
Rafael Escalante		407 at (	694-2243	LLÁ	DEC -
Name o	f Person	Area Code	2 Daytime	Telephone Number	2 PH
Enclosed is a check for the	he following amount:			: . : .	7.00
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional copy	ру	S60.00 Filing F Certificate of S Certified Copy (additional copy is	ee, Status &
Mailing Address			eet Address: gistration Sec	ntion	
Registration S Division of C			vision of Con		
P.O. Box 632			e Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gainz Builders			
(Name of the Limited	Liability Comp Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lial Florida document number L21000254201	bility Company	y were filed on <u>06/01/2021</u>	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited lial	bility company here:	
N/A			
The new name must be distinguishable and contain the wor	ds "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREET	ADDRESS)	··· · · · · · · · · · · · · · · · · ·	<del> </del>
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regagent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:			me of the new register
		, Florida _	7
		City	Zip <b>Čo</b> đe

## 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Juan Daniel Sanchez	206 South Citrus Grove Blvd.	🗀 Add
		Polk Citty, Florida 33868	<b>≣</b> Remove
			□Change
		<del></del>	□Add
			□Remove
			Change
		□Add	
		□Remove	
			☐ Change  202 ☐ Add  124 ☐ FRemove
			☐ Add
			□Remove
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	<u> </u>	<del> </del>	□Add
			Remove
			□Change

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cord specifies a c s filed.	elayed effective	date, but no	ot an effecti	ve time, at	12:01 a.m. o	on the earlic	er of: (b)	The 901	th day afte	er tl
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Filing Fee: \$25.00