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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: A SELLS GUFL, 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:
Andry Avila Name of Person AT SELLS GUEL, LLC Firm/Company
1344 Delibyshire (t., D203
Maples, F1, 3414 City/State and Zip Code Andry Avila (Quano) - (Quano) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andry Avila at (234) 238-5245 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sqrt{9}\$25.00 Filing Fee \times \text{S30.00 Filing Fee & Certified Copy (additional copy is enclosed)} \times \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address: Registration Section Street Address: Registration Section

TO:

Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF TWO TO A TOTAL OF TWO TOTAL OR A TO

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H) SELLS GUFL, LL
(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 <u>05/06/7011</u> and assigned Florida document number <u>2/002/1418</u> .
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)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Florida

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.

City

Zip Code

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



_____ □Change

<u>Title</u>	<u>Name</u>	<u>Address</u>	21 HAY 11 PM 3: 45	Type of Action
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				□Remove
				Change
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				□Remove

	Ending any other information, enter change(s) here: (Attach additional sheets, if the cessary) is the same that th
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etis	ve date, if other than the date of filing: 05/14/2021 (optional)
effe	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
me	ent's effective date on the Department of State's records.
ord	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after
file	ed.
d	05/14/2021
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	Signature of a number or authorized representative of a member