## L03000039408

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(Address)
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SECRETARY OF CHARACTER STATE

WH 1.0 2021 R. HUNT

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Charles Gues Name of	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Chuchy	Name of Person
	Firm/Company
P.O Box	404 Address
Sanfor	City/State and Zip Code  City/State and Zip Code  Charles I & Smarl Com  Sis: (to be used for future annual report notification)
GUESS. E-mail addre	ss: (to be used for future annual report notification)
For further information concerning this matter, pleas	e call:
ANYA GUESS  Name of Person	at (407) 687-9107 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	□ \$55.00 Filing Fee & □ \$60.00 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	Street Address: Registration Section

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

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 .

(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>LOZÔOO 39 U</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit  Charles F Guess  The new name must be distinguishable and contain the words "Limit	L.L.C
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRE	2471 Broadway = 255 Sanford Fla 5 327/55
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	P.O BOX 404 Sanford Fla
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address  2 N For d
	City, Florida 3277   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

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>	Address	Type of Action
<del>-</del>			
			□Remove
			Change
			□Add
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			□Add
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			Charac.

Effective date, if other than the date of filing:  (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 64  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lidocument's effective date on the Department of State's records.	e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.			,					
Effective date, if other than the date of filing:	ffective date, if other than the date of filing:		2471	Bro	adway	<u> </u>	anford	-Ela-	3 277/
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	The 90th day after the record is filed.	Note:	If the date inser	rted in this blo	ck does not meet	the applica	o date of filing or mor ble statutory filing	op e than 90 days a requirements,	otional) fter filing.) Pursuant to 605.020 this date will not be listed a
	ated MAY 18 . 2021.  (Mull E Dull)  Signature of a member or authorized representative of a member					e, but not	an effective tir	ne, at 12:0:	1 a.m. on the earlier (
Dated MAY 18 2021.  Chuil E Duers	Signature of a member or authorized representative of a member	Dated	-MAY	18 1ul	; E X).	2021 Mer			

CORPORATE DETAIL RECORD SCREEN 6/09/21 11:17 AM

NUM: L03000039408 ST:FL INACTIVE/FL LIM LIAB FLD: 10/10/2003 LAST: ADMIN DISSOLUTION FOR ANNUAL REPORT FLD: 09/24/2010

TOTAL CONTR: 0.00 FEI#: 55-0869735

NAME : CHARLES GUESS, LLC

PRINCIPAL: 1165 W 16TH STREET CHANGED: 08/04/10

ADDRESS SANFORD, FL 32771 US

MAILING : P.O. BOX 404 CHANGED: 08/04/10

ADDRESS SANFORD, FL 32771 US
RA NAME : GUESS, CHUCKY E
RA ADDR : 1165 WEST 16TH STREET NAME CHG: 07/19/10 ADDR CHG: 07/19/10

SANFORD, FL 32771 US

ANN REP : (2007) N 04/02/07 (2008) N 04/30/08 (2009) W 05/01/09

1. MENU, 3. MGR/MEM, 4. EVENTS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:

CHUCKY EDWARD GUESS 10-16

P.O. BOX 404 407-321-2975
SANFORD, FL 32772

Pay to the Department of The State \$ 1,755.00

One thousand sevenhunded & Fifty Five Boothers

FINANCIAL

For reinstatements the Check Education

1: 2631813841:145000053857971100288

Hartned Clarks