LO4 000057637

(Req	uestor's Name)	
bbA)	ress)	
(Add	ress)	·
(City	/State/Zip/Phone #	¥)
PICK-UP	WAIT	MAIL
(Bus	ness Entity Name)
(Doc	ument Number)	
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pecial Instructions to F	iling Officer:	
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**EB () 8 2021

S. YOUNG



COVER LETTER

submitted for filing. ter to the following:			
submitted for filing. ter to the following:			
ter to the following:			
ter to the following:			
VICZ, MANAGER			
Name of Person			
Firm/Company			
1180 E HALLANDALE BEACH BLVD			
Address			
City/State and Zip Code			
s: (to be used for future annual report notification)			
e call:			
"(305) 7333077			
at (905) 4 5 5 7 7 Area Code Daytime Telephone Number			
☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)			
Street Address: Registration Section			
Division of Corporations The Centre of Tallahassee			

Tallahassee, FL 32314

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GUSMEL, ELC				~1
(Name of the Limit)	ed Liability Compa	any as it now appears o Liability Company)	n our records.)	13
The Articles of Organization for this Limited Li Florida document number <u>L04000057637</u> This amendment is submitted to amend the following the submitted to amend the submitted the submitted to amend the submitted to amend the submitted to amend the submitted to amend the submitted	ability Company	were filed on 09/01	/2017	ambassigned PH 6: 3
A. If amending name, enter the new name of		 - · ·		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the desig	mation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applications		17301 Big	scapu	Blud 011171703
Principal office address MUST BE A STREE	<u>T ADDRESS)</u>	Adentara	- 413	.3160
iter new mailing address, if applicable:	<u>B<i>OX)</i></u>	17301 Bisa	29712 Blud 7 33160	E041 1703
f amending the registered agent and/or root and/or the new registered office addres		address on our reco	rds, <u>enter the i</u>	name of the new registered
Name of New Registered Agent:	Mi Evel Hei	nondez P.A		
New Registered Office Address:	8500 West	Flasler S+ St Enter Florida		3
	<u>H</u>	City	, Florida	33144 Zip Code
gistered Agent's Signature, if changing R	egistered Agent:			

raccept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ns of all statutes relative to the proper and complete performance of my duties, and I am familiar with and 're obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is red to merely reflect a change in the registered office address, I hereby confirm that the limited liability has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
M	GRINBERG, RICARDO	126 S FEDERAL HWY	🗆 Add
		DANIA. FL 33004	■Remove
			□Change
AMBR	Yuseth MarTine2 J	1730/Biscoyne Blud # 1703	Add
		Aventure F1 33160	□Remove
			[] Change
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			Remove
			□ Change

	
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot	(optional) t be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
e: If the date inserted in this block does not meet the	e applicable statutory filing requirements, this date will not be listed as
ment's effective date on the Department of State's	records.
	and the control of th
 ord specifies a delayed effective date, but not an efficiled. 	Sective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ned.	
17/73/2020	
12 23 20 20	 ·
"// Hel	
Signature of a member	r or authorized representative of a member

Typed or printed name of signee