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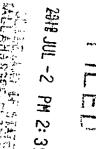
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
JUL. - 6 2010		
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EXAMINER		

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07/02/10--01014--010 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Gutsa Services 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:	
DOUGLAS GUTIERREZ Name of Person	
Name of Person	we' P-3
GUTSA SERVICES, LLC Firm/Company	MUL-2 PM 2: 3
11751 BTH WAY NOTH # 4	-2 PM 2
ST. Petersburg FL 33716 City/State and Zip Code	39
Dous Jetailing Service @ Gmail. com E-mail address: (to boused for future annual report notification)	
For further information concerning this matter, please call:	
Doubtas Gutienez at (727) 557-9312 Name of Person Area Code & Daytime Telephone Number	<u></u>
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ite of Status &



MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gutsa Seri	ices, 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					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company here:				
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company	," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD)	RESS)	ivi			
		F TI			
Enter new mailing address, if applicable:	 				
(Mailing address MAY BE A POST OFFICE BOX)					
		EN W			
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		records, enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:					
-	Enter Florida street address				
		, Florida			
·	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	Douglas Gutierrez	11751 5th Way North #4 St Petersburg FC 337/6	Add Remove
			Add Remove
			Add Remove
		<u> </u>	Remove
		(30.7) (30.7) (4) (4) (4) (4) (5) (5) (5) (5) (5) (6) (7) (7)	□ NAId
			N D
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			- -
_ 			- -
	Tune 25, 20	<u>510</u> .	-
 Dated		2/0 .	

Page 2 of 2

Filing Fee: \$25.00