

L140000094773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

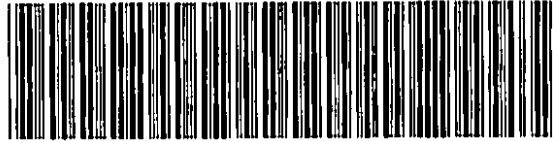
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400354104514

10/26/20--01017--024 \*\*25.00

FILED

2020 OCT 26 PM 5:07

SECRETARY OF STATE  
TALLAHASSEE, FL

12/14/20

a

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **GUTIERREZ GIL 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:

**Estela Morales**

\_\_\_\_\_  
Name of Person

**Axiom Accounting, PA**

\_\_\_\_\_  
Firm/Company

**4951 Tamiami Trail N, Suite 103**

\_\_\_\_\_  
Address

**Naples, FL 34103**

\_\_\_\_\_  
City/State and Zip Code

**accounting1@axiomaccountingpa.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Estela Morales**

**239**

**302-3788**

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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**

**FILED**

2020 OCT 26 PM 5: 07

GUTIERREZ GIL LLC

SECRETARY OF STATE

(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 06/12/2014 and assigned  
Florida document number L14000094773.

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)

6605 Huntington Lakes Cir, APT # 201

Naples, FL 34119

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Axiom Accounting, PA

New Registered Office Address:

4951 Tamiami Trail N, Suite 103

*Enter Florida street address*

Naples


*City*

Florida 34103

*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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Gutierrez De Santist, Maria R	5143 Moeller Ave.	<input type="checkbox"/> Add
		Sarasota, FL 34233	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Santistevan Gutierre, Gabriela	5736 Burchard Ave,	<input type="checkbox"/> Add
		Los Angeles, CA 90034	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Santistevan Gutierre, Jose O	5736 Burchard Ave,	<input type="checkbox"/> Add
		Los Angeles, CA 90034	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Parada Gutierrez, Ximena	5736 Burchard Ave,	<input type="checkbox"/> Add
		Los Angeles, CA 90034	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Parada Gutierrez, Rene M	5736 Burchard Ave,	<input type="checkbox"/> Add
		Los Angeles, CA 90034	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Sandra A. Santoven  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**