## L14000094773

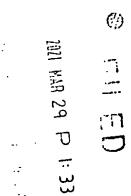
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## **COVER LETTER**

TO: Registration S Division of Co			
Gutierrez (	Gil LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del>_</del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
	Josias Gonzalez		
		Name of Person	<del></del>
	Axiom Accounting PA		
		Firm/Company	
	4951 Tamiami Trail N Un	it 103	
		Address	
	Naples, FL 34103		
		City/State and Zip Code	
	estelamorales07@comacast E-mail address: (	to be used for future annual report notif	fication)
For further information	concerning this matter, please ca	all:	
Josias Gonzalez		239 302-3788 at ( )	
Name of Person			e Telephone Number
Enclosed is a check for	the following amount:		<i>6.</i> 1021
<b>≘</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations 'allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gutierrez Gil LLC					
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000094773</u>	were filed on $\frac{06/127}{2}$	2014	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	nation "ELC" or the abbrev	iation "L.U.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)	5143 Moeller Ave.	Sarasota, FL 34233			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our reco	rds, <u>enter the name of</u>	the new registered		
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	City	, Florida }	<u>Ø∆</u> HipsCode ≅		
New Registered Agent's Signature, if changing Registered Agent:			= 35		
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publication of the registered office being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	acity. I further agree duties, and I am fam pter 605, F.S.Or, if the onfirm that the limite	to comply with the light with and its document is		

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>	Name	Address	Type of Action
AMBR	Gutierrez De Santistevan, Maria R	5143 Moeller Ave. Sarasota, FL 34233	<b>=</b> Add
			□Remove
			□Change
AMBR	Santistevan Gutierrez, Gabriela	5143 Moeller Ave. Sarasota, FL 34233	<b>≣</b> Add
			□Remove
			□Change
AMBR	Santistevan Gutierrez, Jose O	5143 Moeller Ave. Sarasota, FL 34233	<b>≣</b> Add
			□Remove
			□Change
AMBR	Parada Gutierrez, Ximena	5143 Moeller Ave. Sarasota, FL 34233	
			□Remove
			Change .
AMBR	Parada Gutierrez, Rene M	5143 Moeller Ave. Sarasota, FL 34233	<del></del>
			Remove
			☐ Remove
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		<del></del>	□Remove
			□ Change

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te: If the date i	inserted in this blo- ive date on the Dep	ek does not m	eet the applical	ble statutory tilir	ng requirements.	this date wil	I not be listed:
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	a delayed effective	date, but not	an effective tin	ne, at 12:01 a.m.	on the earlier of	(b) The 9	Oth Thay after th
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			DE.	(P)		55-4 55-4	<del></del> 33
		Signature of a n	1 ( ) 1 ember or author	ized representativ	e of a member		<del></del>
			indra		th steve		

Filing Fee: \$25.00