

2018-09-11 10:45

9/11/2018

f 1 >> 850-617-6381

Division of Corporations

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L14000098505
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ELO ENTERPRISES, INC
Account Number : I20150000109
Phone : (561)544-8852
Fax Number : (954)697-0130

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GUGABELE LLC

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Page Count	01
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2018 SEP 11 PM 12:38
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Electronic Filing Menu

Corporate Filing Menu

Help

4180002644483

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GUGABIE 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 06/19/2014 and assigned
Florida document number L14000098505

This amendment is submitted to amend the following:

A. If amending more, 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)

4881 CYPRESS WOODS DR, APT 3201
ORLANDO, FL 32811

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4881 CYPRESS WOODS DR, APT 3201
ORLANDO, FL 32811

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: N/A

New Registered Office Address: _____
Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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

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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	RACHEL MARTINEZ	4881 CYPRESS WOODS DR, APT 3204 ORLANDO, FL 32811	☒ Add ☐ Remove ☐ Change
AMBR	LUIZ GUSTAVO DE LIMA GIOIA	4881 CYPRESS WOODS DR, APT 3204 ORLANDO, FL 32811	☐ Add ☐ Remove ☒ Change
AMBR	LEONARDO C. DA FRANCA JR.	4849 CYPRESS WOODS DR, APT 1101 ORLANDO, FL 32811	☐ Add ☐ Remove ☒ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change

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CLERK OF COURT
JULIANNE L. BROWN

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

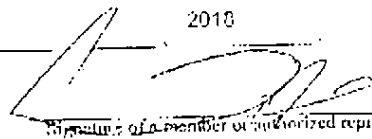
N/A

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 INTERNATIONAL AFFAIRS

E. Effective date, if other than the date of filing: _____ (optional)
 (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)
 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated SEPTEMBER, 07 2018



Signature of a member or authorized representative of a member

LUIZ GUSTAVO DE LIMA GIOIA

Typed or printed name of signer