

2018-10-23 12:36
10/23/2018

F T 850-617-6331
Division of Corporations

P 11/4

L14 000098505

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H18000306443 3)))



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To:

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

From:

Account Name : FLO ENTERPRISES, INC.
Account Number : 120150000109
Phone : (561)544-8862
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.

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DIVISION OF CORPORATIONS
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GUGABELE LLC

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T. CLINE

OCT 24 2018

EXAMINER

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

OF H18000306443 3

GUGABELE, 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 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**)

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:

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 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	☐ Add
		ORLANDO, FL 32811	☒ Remove
			☐ Change
AMBR	LUIS GUSTAVO DE LIMA GIOIA	4881 CYPRESS WOODS DR, APT 3204	☐ Add
		ORLANDO, FL 32811	☒ Remove
			☐ Change
MGR	LEONARDO G. DA FRANCA	4849 CYPRESS WOODS DRAPT 1101	☐ Add
		ORLANDO, FL - 32811	☒ Remove
		4849 CYPRESS WOODS DRAPT 1101	☐ Change
MGR	ISABELLA DA COSTA DA FRANCA	ORLANDO, FL - 32811	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

For indicating any other information, enter change(s) here: (Attach additional sheets, if necessary.)
N/A

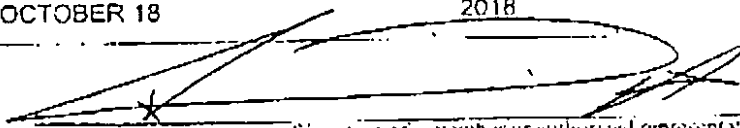
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2. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 602.0207(3)(b)
Note: If the date 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 OCTOBER 18

2018



Signature of a member or authorized representative of a member

LUIS GUSTAVO DE LIMA GIOIA

Typed or printed name of signee