

1/9/24, 10:41 AM

Division of Corporations

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**L14000193732**

Florida Department of State  
Division of Corporations  
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Account Number : I20130000088  
Phone : (305)513-8606  
Fax Number : (305)513-8605

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

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COVER LETTER

((H24000012276 3))

TO: Registration Section
Division of Corporations

SUBJECT: GONZBAN 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:

ELIEZER PANELL, ESQ., CPA, CFP(R), LL.M
Name of Person
WERMUTH PANELL & ORTIZ, PLLC
Firm/Company
1989 NW 88TH CT, SUITE 101
Address
DORAL, FL 33172
City/State and Zip Code
ELI@WPOLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

Eliezer Panell, Esq., CPA, CFP(r), LL.M at (305) 513-8606
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount

- 525.00 Filing Fee
530.00 Filing Fee & Certificate of Status
555.00 Filing Fee & Certified Copy (additional copy is enclosed)
560.00 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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

((H24000012276 3))

GONZBAN 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 12/19/2014 and assigned Florida document number 114000193732.

This amendment is submitted to amend the following.

A. If amending name, enter the new name of the limited liability company here:

GONZ MANAGEMENT LLC

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

City

Florida

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 attending: 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>
MGR	THE BAXTER GROUP, LLC	337 KENT ROAD	<input type="checkbox"/> Add
		NEW MILFORD, CT 06776	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Monica Gonzalez Salazar	17 Chateau Ln, Unit 406	<input checked="" type="checkbox"/> Add
		Beaver Creek, CO 81620	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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: (h) The 90th day after the record is filed

1/9/2024

Dated \_\_\_\_\_

DocuSigned by: Luisa Gonzalez V

Authorized representative of a member

LUISA GONZALEZ VLASICH

Typed or printed name of signer