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(Re	questor's Name)	
(Ad	dress)	
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JUN 1 9 2019 S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	AJI GOURI	METT LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	REINHO	Name of Person	
	ATI GOY	RMETT LLC Firm/Company	
	11236 S.DR	ANGE BLOSSOM T	TRAIL
	<u>OR</u> LAI	VDO FL. 32837 City/State and Zip Code	7
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please co	all:	
LUIS DAM Name o	LA ESQ.	at 407 933 - Area Code Daytime	O3 OZ e Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	oility Company as it now appears on our records.)
	Company were filed on
This amendment is submitted to amend the following:	abmitted to amend the following: ne, enter the new name of the limited liability company here: istinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" offices address, if applicable: ress MUST BE A STREET ADDRESS) ddress, if applicable: LY BE A POST OFFICE BOX) e registered agent and/or registered office address on our records, enter the name of the new for the new registered office address here: w Registered Agent:
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
·	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Register	red 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> Name 1 <u>Address</u> Type of Action ARTURO GAMIO 117G6 CHATEAUBRIAND AVED Add ORLANDO, FL. 32836 ☐ Change □ Add _□ Remove _□ Change _□ Add _□ Remove _ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change _□ Adđ □ Remove

_____ □ Change

						
						
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`an effectiv \ote: If tl	e date is listed, re date inserte	the date must be spec	cific and cannot be as not meet the	applicable statutor	ng or more than 90 days at	otional) fter tiling.) Pursuant to 605.02 this date will not be listed
The 90	th day afte	r the record is	filed.			l a.m. on the earlier
ated	5/24	12019	2	d9	ntative of a member	
	4	HH Co	HQ			
		Signatu	re of a member o	or authorized represe	ntative of a member	

Page 3 of 3

Filing Fee: \$25.00