L15000049275

(Re	questor's Name)	
(Ad	dress)	-
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(Cit	ry/State/Zip/Phone	2 #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

SUBJECT: Gasper Arts 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:	
Dorandy Mercado	
Gasper Arts, LLC	
2000 Harrison St. Ste#8	
Hollywood, FL 33020	
E-mail address: (to be used for future annual report notification)	n
For further information concerning this matter, please call:	
Dovandy Merca do at (754) 204-2778 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$60.00 Filing Fee	

MAILING ADDRESS: 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

Gasper Arts, LLO	C	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000049275</u> .	were filed on $3/3/20/$	5 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab N. A.		<u> </u>
N. A. The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L:L.C."
Enter new principal offices address, if applicable:		ì
(Principal office address MUST BE A STREET ADDRESS)		
		2 to 1
Enter new mailing address, if applicable:	N.A.	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, ente	r the name of the new
Name of New Registered Agent:	N.A. N.A.	
New Registered Office Address:	N.A.	
	Enter Florida street address	
	, Florida _	
New Registered Agent's Signature if changing Pogistored Agent	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed <u>from our records</u>:

MGR = Manager

AMBR = Authorized Member

Type of Action Address Title Name Dorandy Mercado 7530 Hood St. Hollywood, FL XAdd □ Remove _ Change _□ Add _□ Remove _____Change □ Add ☐ Remove ☐ Change _D Add ☐ Remove _□ Change □ Add ☐ Remove __ Change ☐ Add ☐ Remove _□ Change

	N. A.			
				
				
				
				
			 	
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fective da	e, if other than the date	of filing: N.	1111	otional)
vier in mie	rate inserted in this block do	ecific and cannot be prior to date bes not meet the applicable st	of filing or more than 90 days a atutory filing requirements, i	fter filing.) Pursuant to 605.02 this date will not be listed:
cument's e	fective date on the Departm	tent of State's records.		
record s	oecifies a delaved effe	ective date, but not an e	offective time at 12.0	
The 90th	day after the record is	filed.	enective time, at 12:0.	t a.m. on the earlier
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ted/	May 10	10 10		
	Signat	ute of a member or authorized re	epresentative of a member	
	Doran	Typed or printed name Page 3 of 3	to /	
		/ Typed or printed name	of signee	
	Laura	Cousper	/	

Filing Fee: \$25.00