

LIS 600 062 522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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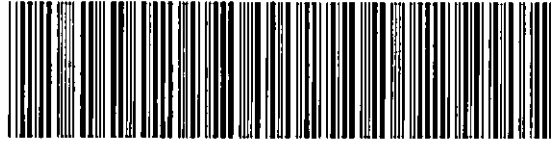
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GENTE D ZONA, 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:

GUILLERMO MOREJON

Name of Person

GDZ RECORDS LLC

Firm/Company

5825 SW 8th St

Address

WEST MIAMI, FL 33144

City/State and Zip Code

GDZMANAGEMENT@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

786 6311383
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 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

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

GENTE D ZONA, 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 04/09/2015 and assigned Florida document number L15000062522.

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)

5825 SW 8th St

West Miami, FL 33144

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5825 SW 8th St

West Miami FL 33144

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:

GUILLERMO MOREJON

New Registered Office Address:

5825 SW 8th St

Enter Florida street address

WEST MIAMI

Florida 33144

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, 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	Randy Martinez	5825 SW 8th ST	<input checked="" type="checkbox"/> Add
		WEST MIAMI, FL. 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Guillermo Morejon	5825 SW 8th ST	<input checked="" type="checkbox"/> Add
		WEST MIAMI, FL. 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALEXANDER D. HERNANDEZ	8100 OAK LANE	<input type="checkbox"/> Add
		SUITE 401	<input checked="" type="checkbox"/> Remove
		MIAMI LAKES, FL 33016	<input type="checkbox"/> Change
AMBR	Alexander Delgado Hernandez	5825 SW 8th ST	<input checked="" type="checkbox"/> Add
		WEST MIAMI, FL. 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
RA	The Hachar Law Firm P.A.	8100 Oak Lane	<input type="checkbox"/> Add
		Suite 401	<input checked="" type="checkbox"/> Remove
		Miami Lakes FL 33016	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

June 11th, 2024



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00