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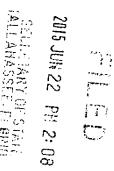
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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K.SALY EXAMINER JUN 2 4 2015

## **COVER LETTER**

TC		gistration Sec vision of Corp				
SI	BJECT:	Gimeno Ente	erprises LLC			
30	bjec i.		Name of Limit	ted Liability Company	<del></del>	
Th	e enclos <b>c</b> o	d Articles of A	mendment and fee(s) are subn	nitted for filing.		
Ple	ase return	all correspon	dence concerning this matter to	o the following:		
			Sue Gimeno			
				Name of Person		
			Gimeno Enterprises LLC			
				Firm/Company		
3438 East Lake Rd, Suite 14, PMB 650						
			<del></del>	Address	<u> </u>	
			Palm Harbor, FL 34685			
			<del></del>	City/State and Zip Code		
			suegimeno@aol.com			
			E-mail address: (to	o be used for future annual report notificat	tion)	
Fo	r further i	nformation co	ncerning this matter, please ca	11:		
Su	e Gimeno			727 804-4500 at ()		
		Name of	Person	Area Code Daytime Te	elephone Number	
En	closed is	a check for the	following amount:			
	\$25.00 F	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:

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



Gimeno Enterprises LLC

(Name of the Limited Liability Company as it now appears on our records

(A Flori	ida Limited L	iability Company)	S. Flerin.		
The Articles of Organization for this Limited Liability Florida document number 47-4181374 42/500			and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liabi	lity company here:			
The new name must be distinguishable and contain the words "Li	imited Liabili	ty Company," the designation	n "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		3438 East Lake Rd			
(Principal office address MUST BE A STREET ADL	ORESS)	Suite 14, PMB 650			
		Palm Harbor, FL 34685			
Enter new mailing address, if applicable:		3438 East Lake Rd			
(Mailing address MAY BE A POST OFFICE BOX)		Suite 14, PMB 650			
		Palm Harbor, FL 34685			
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad  Name of New Registered Agent:			ecords, enter the name of the		
2.42	8 East Lake	Rd, Suite 14, PMB 650			
New Registered Office Address:		Enter Florida stree	t address		
Paln	n Har <del>b</del> or		, Florida		
<del></del>		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>	Type of Action
MGR	Sue Gimeno	3438 East Lake Rd	
		Suite 14, PMB 650	□ Remove
		Palm Harbor, FL 34685	■ Change
AMBR	Justin Gimeno	3438 East Lake Rd	■ Add
		Suite 14, PMB 650	□ Remove
		Palm Harbor, FL 34685	Change
AMBR	Daniel Gimeno	3438 East Lake Rd	Add
		Suite 14, PMB 650	☐ Remove
		Palm Harbor, FL 34685	☐ Change
			Add Surve Remove 22 may 2:48
			☐ Remove
<del></del>			Add
		<del></del>	□ Remove
			☐ Change

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Page 3 of 3

Filing Fee: \$25.00