L15000086007

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

COVER LETTER

Divi	ision of Corp	oorations		
SUBJECT:	NEUGYN E	ENTERPRISES LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	idence concerning this matter	to the following:	
		Neugyn Gomez		
			Name of Person	
		NEUGYN ENTERPRISES	SLLC	
		*	Firm/Company	
		902 DIANE DR		
			Address	
		PORT SAINT LUICE, FL	34952	
			City/State and Zip Code	
		SUSTAXES@GMAIL.CO		
		E-mail address: (1	to be used for future annual report notifi-	cation)
For further in	formation co	ncerning this matter, please ca	all:	
NEUGYN G	OMEZ		407 3602740 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 Fi	iling 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

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, FI. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2015 JUN - I AM 8: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEUGYN ENTERPRISES 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 I		any were filed on 05/14/2015	and assigned
Florida document number L15000086007			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited I	iability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS	2	
		NIA	
Enter new mailing address, if applicable:		N/A	
<u>(Mailing address MAY BE A POST OFFICE</u>	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered of	•		enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
	<u> </u>	Enter Florida street address	
		, Flori	
	- ,	Ciţy	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>	Address	Type of Action
AMBR	AQUALAND CA	Calle Los Ordaz Qta Virgen del	
		Valle Urb Guayabal Est Nva	■ Remove
		Esparta VN 6311	□ Change
			Add
			□ Remove
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ective date, if other than the	date of filing:t be specific and cannot be prior to date of filing or more than	(optional)
te: If the date inserted in this blowment's effective date on the D	ock does not meet the applicable statutory filing requi	rements, this date will not be listed as the
record specifies a delayed The 90th day after the rec	l effective date, but not an effective time, a ord is filed.	at 12:01 a.m. on the earlier of:
ed MAY 21st	. 2015	
	leuf y n Jomes Signature of a member or authorized representative of a me	ember

Page 3 of 3

Filing Fee: \$25.00