

L15000114658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

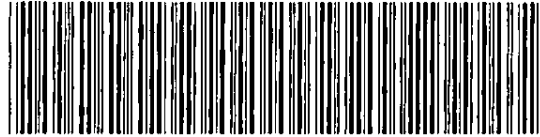
(Business Entity Name)

(Document Number)

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07/05/23--01016--024 **25.00

2023 JUL -5 AM 7:56
P 11 6.5

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gonflor LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raffi Anac
Name of Person

XP Management LLC
Firm Company

5201 Riverswood Rd. Suite 115
Address

FT Lauderdale, FL 33312
City, State and Zip Code

Raffi@xp-management.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Raffi Anac
Name of Person

at 784 252-3042
Area Code Daytime Telephone Number

Enclosed is a check for the following amount.

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(one and 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 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

Gonflor LLC

2023 JUL -5 AM 7:56

(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 7-2-2015 and assigned Florida document number L15000114656

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5201 Ravenswood Rd
Suite 115
Ft. Lauderdale, FL 33312

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5201 Ravenswood Rd
Suite 115
Ft. Lauderdale, FL 33312

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:

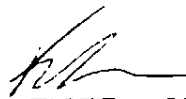
XP Management LLC

New Registered Office Address:

5201 Ravenswood Rd Suite 115
Ft. Lauderdale, FL 33312

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>
MGR	Amac Solutions LLC	2645 NE 2-7 St	Add
		Aventura, FL 33180	X Remove
			Change
MGR	XP Management LLC	5201 Bayview Blvd.	X Add
		Suite 115	Remove
		Fl. Lauderdale, FL 33312	Change
			Add
			Remove
			Change
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			Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Handed

June 26 2023

[Handwritten signature]

Signature of a member or authorized representative of a member

Roll Area

Typed or printed name of signer: _____

Filing Fee: \$25.00