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COVER LETTER

TO: Registration Sec Division of Corp		
SUBJECT:	GUTREX LLC Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	DIANA GUTIERREZ Name of Person	-
	GUTREX LLC Firm/Company	- ,
	IS NOV	
	N -3 H	
	ESTATE ONDA	
For further information co	oncerning this matter, please call:	
DIANA Name of	GUTIERREZ at (305) 904-0910 Area Code Daytime Telephone Number	r
Enclosed is a check for th	ne following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 F Certificate of Status Certified Copy Certificate	iling Fee, ate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	, Florida Zip Code
	Enter Floride	a street address
New Registered Office Address:		
Name of New Registered Agent:	NA	·
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B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		our records, enter the name of the new
		S w
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	95 L T
Enter new mailing address, if applicable:	NA	三
(Principal office address MUST BE A STREET ADDRESS)		
Enter new principal offices address, if applicable:	MA	
-	ionay Company, the desi	gradion LLC or the abbreviation E.E.C.
The new name must be distinguishable and contain the words "Limited Lia"	IV/A	ntin "I C" on the abbreviation "I I C"
A. If amending name, enter the new name of the limited lia	ability company here	;
This amendment is submitted to amend the following:		
The Articles of Organization for this Limited Liability Compared Florida document number	ny were filed on	8 24 15 and assigned
(A Florida Limited	d Liability Company)	()
(Name of the Limited Liability Com	pany as it now appears o	on our records.)
(a) TUE	X	

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 = Au	thorized Member	•			
<u>Title</u>	<u>Name</u>		Address		Type of Action
MGRM	DIEGO	GUTIERRE	2	318 RED CREST LANE	B Add
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n effectiv	ve date is listed,	the date m	ust be specific an block does not	d cannot b	e prior to da	te of filing or	r more than	90 days afte	r filing.)	Pursuant to 605	.0207
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			Signature of a	member	O/ OUV	representat	ive of a mer	nber	•		
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Filing Fee: \$25.00