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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #) .
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	Divisi	on of Corpo	orations			
SHI	G BJECT:	lui Jaroschy	LLC			
50	bjeci		Name of Limit	ed Liability Company		
The	enclosed A	Articles of A	mendment and fee(s) are subm	nitted for filing.		
Plea	ase return al	ll correspond	dence concerning this matter to	o the following:		
			Mark G. Jaroschy			
				Name of Person		-
			Gui Jaroschy LLC			
				Firm/Company		-
			1621 Collins Ave, Apt 710			
				Address		-
			Miami Beach, FL 33139			
				City/State and Zip Code		-
			guibme@gmail.com			
			E-mail address: (to	be used for future annual	report notification)	
For	further info	ormation cor	cerning this matter, please cal	11:		
Ma	rk G. Jaroso	chy		512 663 at ()	3-3907	
		Name of F	Person	Area Code	Daytime Telephone Number	·r
Enc	closed is a c	heck for the	following amount:			
	\$25.00 Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Certification Certified	ate of Status &

MAILING ADDRESS:

Registration Section

TO:

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

Gui Jaroschy LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on October 5, 2015	and assigned
Florida document number 475292023	200169153	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADL	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	istered office address on our records, ente	: the name of the
registered agent and/or the new registered office ad	·	S A .
Name of New Registered Agent:		Šia o jii
New Registered Office Address:		PR (1)
	Enter Florida street address	: 20 DRID:
	, Florida _	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

Title	Name	Address	Type of Action
AMBR	Hillary J Choo	1621 Collins Ave Apt 710	
		Miami Beach, FL 33139	■ Remove
			☐ Change
	 		Add
			□ Remove
			☐ Change
		**************************************	□ Remove
			Change
			□ Add
			Signature Change
			Remove
			□ Change
			□ Remove
			Change

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	the date inserted in this block does not meet the applicable statutory filing requireme	ents, this date	will not	be list	ted a
ocumen	's effective date on the Department of State's records.				
reco	d specifies a delayed effective date, but not an effective time, at 13	2·01 a m	on the	earli	ier o
The 9	Oth day after the record is filed.			Cuin	
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	12/4/11 20/1				
ated	1				
ated	Signature of a member or authorized representative of a member				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00