1160000 89395

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400322871264

FILED

5.00
FILED

5.00
FILED

6.00
FILED

COVER LETTER

TO:	Registration So Division of Cor			
SHBI		guer PLEC		
SOB		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
Please	e return all correspo	ondence concerning this matter	to the following:	
		Yenaduy Gangi		
		Gongi Moigaer PLLC	Name of Person	
		175 SW 7th Street, Suite 2	Firm/Company 004	· · · · · · · · · · · · · · · · · · ·
		Miami, FL 33130	Address	
		duy@gm.legal	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	leation)
		oncerning this matter, please co	all:	
Yena	duy Gangi		305 777-0944	
	Name o	l'Person	Area Code Daytimo	: Telephone Number
Enclo	sed is a check for t	he following amount:		
∃ \$2	25.00 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

Gangi Moiguer PLLC

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

(A FI	lorida Limited Lia	ability Company)		
The Articles of Organization for this Limited Liabili Florida document number L16000089395		vere filed on	and assigned	
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the	limited liabili	ty company here:		
The new name must be distinguishable and contain the words	"Limited Liability	y Company," the designation "LLC" or	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicables		175 SW 7th Street, Suite 2004		
(Principal office address MUST BE A STREET AI		Miami, FL 33130		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX				
B. If amending the registered agent and/or registered agent and/or the new registered office a		ce address on our records, g	N 10	
Name of New Registered Agent:		-	Ed. Ph.	
New Registered Office Address:	75 SW 7th Stree	Enter Florida street address	: 22 Onlo	
M	tiami	, Floric	33130	
		City	Zip Code	
New Registered Agent's Signature, if changing Regist	tered 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u> MGR	<u>Name</u> Yenaduy Gangi	Address 175 SW 7th Steet Suite 2004	Type of Action
		Miami, F1. 33130	Add
		-	☐ Remove
			■ Change
MGR	Fabian C. Moiguer	175 SW 7th Steet Suite 2004	_ □ Add
		Miami, Flz 33130	
			Remove
			■ Change
			□ Add
			Remove
			☐ Change
			TACE TAND
			JAN BRemore PI
			Ze □ Chang □
			TATE Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change

			<u> </u>		
•					_
					
		· · · · · · · · · · · · · · · · · · ·			
-					
			-		··· -
				<u> </u>	
				 -	715E
					P22 2
		 			10
					PH PH
					. 22 ORIG
					क
		· · · · · · · · · · · · · · · · · · ·			
ective date, if other	her than the date of ed, the date must be speci	f filing:	. Jack and William	(optiona	I)
. ICA	erted in this block does	s not meet the applica	ble statutory filing re	quirements, this da	te will not be listed a
ote: If the date insecument's effective	and when began are	n or state a records,			
ete: If the date insecument's effective					
cument's effective record specifie	s a delayed effect	tive date, but not	an effective time	e, at 12:01 a.m	on the earlier of
cument's effective record specifie	es a delayed effect fter the record is f	tive date, but not filed.	an effective time	e, at 12:01 a.m	on the earlier o
record specifie The 90th day af	s a delayed effect fter the record is l	tive date, but not filed.	an effective time	e, at 12:01 a.m	on the earlier o
record specifie The 90th day af	s a delayed effect fter the record is I	tive date, but not filed.	an effective time	e, at 12:01 a.m	i. on the earlier o
cument's effective record specifie	fter the record is f	tive date, but not filed. 2019 Column and the col	i. Jone	⁹ ½	on the earlier o

Page 3 of 3

Filing Fee: \$25.00