

L17 000 092 108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

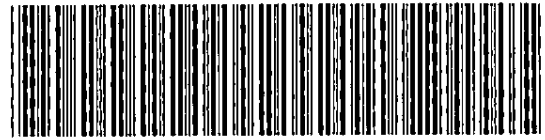
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: G&KWJ LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GABRIEL TORRES DE SOUZA

Name of Person

G&KWJ LLC

Firm/Company

8080 Essex Point Cir 3101

Address

ORLANDO, FL 32819

City/State and Zip Code

MIDTAXPAPERS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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CORPORATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

GABRIEL TORRES DE SOUZA

at (321)

444-3034

Name of Person

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  
(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 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**

G&KWJ 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 Liability Company were filed on 04/24/2017 and assigned  
Florida document number L17000092108.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

GKWJ LLC

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)

1512 LITTLE WREN LN

WINTER PARK, FL 32792

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1512 LITTLE WREN LN

WINTER PARK, FL 32792

**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:

GABRIEL TORRES DE SOUZA

New Registered Office Address:

1512 LITTLE WREN LN

Enter Florida street address

WINTER PARK

City

Florida 32792

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.*

*[Signature]*  
**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>
	NONE	NONE	<input type="checkbox"/> Add
		NONE	<input type="checkbox"/> Remove
		NONE	<input type="checkbox"/> Change
	NONE	NONE	<input type="checkbox"/> Add
		NONE	<input type="checkbox"/> Remove
		NONE	<input type="checkbox"/> Change
	NONE	NONE	<input type="checkbox"/> Add
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		NONE	<input type="checkbox"/> Remove
		NONE	<input type="checkbox"/> Change

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SULLY AIRCRAFT  
FALLS CHURCH, VA

NONE

**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.

Dated JANUARY 25 2023

Signature of a member or authorized representative of a member

GABRIEL TORRES DE SOUZA

Typed or printed name of signer

**Filing Fee: \$25.00**