### 417000142416

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### RECEIVED

2022 JAN -5 AM 8: 01

## FLORIDA DEPARTMENT OF STATESECTETARY OF STATE

December 13, 2021

DANIEL FOLTZ 119 GRAND BEACH PL TAMPA, FL 33609

SUBJECT: DANIEL FOLTZ LLC Ref. Number: L17000162416

We have received your document for DANIEL FOLTZ LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott Supervisor

Letter Number: 321A00030010

www.sunbiz.org

#### **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJ	Daniel Fo	oltz LLC		2
		Name of Lim	ited Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Daniel Foltz		
			Name of Person	
		Daniel Foltz LLC		
			Firm/Company	
		119 Grand Beach P		
			Address	
		Tampa, FL 33609		
			City/State and Zip Code	
		daniel.foltz35@gmail E-mail address: (i	.COM to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
Dani	el Foltz		at (305 ) 747-0315	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
<b>⊡</b> \$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

Daniel Foltz LLC	2022 JAN -5 AM 10:	: 47
(Name of the Limited Liability Co (A Florida Limi	2022 JAN -5 AM 10: mpany as it now appears on our records.) ited Liability Company) TALLAHASSEE.	ATE
The Articles of Organization for this Limited Liability Comp	any were filed on 7/31/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
GUIL CONST CAPITY		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5).	
Enter new mailing address, if applicable:	PO BOX 320613	
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33679 - 2613	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Add
			□ Remove
			□ Change
			☐ Change
	-		□ Add
			□ Remove
			□ Change
			□ Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			□ Add
			☐ Remove
			Change

E. Effective date, if other than the date of filing: 11/18/2021  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  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.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  (b) The 90th day after the record is filed.  Dated 11/18/2021		
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	f the rec b) The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Signature of a member or authorized representative of a member	Dated	11/18/2021
Signature of a member or authorized representative of a member		_/) ml
		Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00