

218000005593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

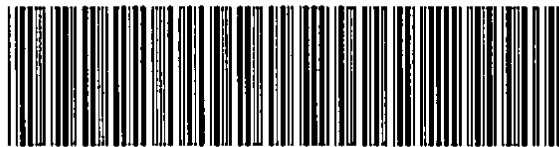
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700329047847

05/19/19 - 01040--005 \$425.00

FILED
2019 MAY 13 AM 9:25

Amend/Name
chg

MAY 23 2019
1 ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

Total Kayyos LLC

SUBJECT: _____
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:

Anthony Gubello

Name of Person

Firm/Company

15254 Spring Hill Dr.

Address

Brooksville, FL 34604

City/State and Zip Code

gubelloenterprise@gmail.com

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

For further information concerning this matter, please call:

Anthony Gubello

754

367-2483

at ()

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/COURIER ADDRESS:

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

**TO
ARTICLES OF ORGANIZATION
OF**

Total Kayyos 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 1/08/2018 and assigned 9.26
Florida document number 118000005593

This amendment is submitted to amend the following:

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

Gubello Enterprise LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

15254 Spring Hill Dr.

Brooksville, FL 34604

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15254 Spring Hill Dr.

Brooksville, FL 34604

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:

Anthony Gubello

New Registered Office Address:

15254 Spring Hill Dr.

Enter Florida street address

Brooksville

Florida 34604

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

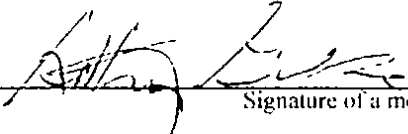
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Anthony Gubello		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		15254 Spring Hill Dr. Brooksville, FL 34604	<input checked="" type="checkbox"/> Change
MGRM	Jermicia Gubello	15254 Spring Hill Dr. Brooksville, FL 34604	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Gabriella Anica Gubello	15254 Spring Hill Dr. Brooksville, FL 34604	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Anthony Jerome Gubello	15254 Spring Hill Dr. Brooksville, FL 34604	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Lined area for text entry.

E. Effective date, if other than the date of filing: _____ **(optional)**
(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)(b)
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 May 2nd 2019



Signature of a member or authorized representative of a member

Anthony Gubello

Typed or printed name of signee