118000025537

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(Address)
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PICK-UP WAIT MAIL
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11/02/18--01010--010 **25.00



Amend

NOV 19 2018 I ALBRITTON

COVER LETTER

Division of Co			
HOUSING	FRENOVATION AND SALE L	.LC	
SUBJECT:	Name of Limi	ted Liability Company	
Γhe enclosed Articles ο	f Amendment and fee(s) are sub-	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	STELUS GUERRIER		
		Name of Person	
		Firm/Company	
	804 GOVERNORS AVE		
	ORLANDO, FL 32808	Address	
	OKEANDO, LE 32000		
	GUERRIERSTELUS@GM	City/State and Zip Code AIL.COM	
	E-mail address: (to be used for future annual report notif	lication)
For further information	concerning this matter, please ca	all:	
Stelus Guerrier		321 682-9739 at ()	
Name	of Person	Area Code Daytime	e 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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ARTICL	ES OF AMENDMENT
	TO A
ARTICLE	TO S OF ORGANIZATION OF LC lity Company as it now appears on our records.) la Limited Liability Company)
	OF Sold Sold Sold Sold Sold Sold Sold Sold
	Commence of the second
HOUSING RENOVATION AND SALE L	LC 7/2.
(Name of the Limited Liabi	lity Company as it now appears on our records.) da Limited Liability Company)
(ALTOIN	Ellinted Bulling Company)
The Articles of Organization for this Limited Liability	Company were filed on 01/29/2018 and assigned
Florida document number L18000025537	
florida document number	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
GUERRIER ENTERPRISE OPERATIONS, LLC	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
r	
Enter new principal offices address, if applicable:	
<u>(Principal office address MUST BE A STREET ADD</u>	(RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	istered office address on our records, enter the name of the new
registered agent and/or the new registered office ad	<u>dress nere</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Register	ed 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
			Remove
		·	□ Change
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an effective date is ote: If the date is	nserted in this block d	of filing:	f filing or more that tutory filing requ	(optional) n 90 days after filing.) Pur irements, this date will	suant to 605.020 not be listed a
The 90th day	after the record i	ective date, but not an e 's filed.	ffective time,	at 12:01 a.m. on	the earlier o
october	Coll of	. 2018			
	Sign	ature of a member or authorized re	presentative of a m	ember	<u> </u>

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Filing Fee: \$25.00