

L180000 46E66

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

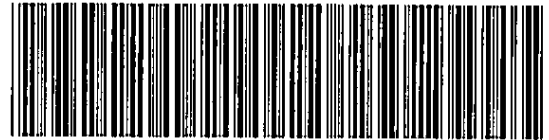
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

7/14/21
TM

Office Use Only



700367920377

06/14/21--01:26--0000 **25.00

21 JUN 14 PM 1:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GYT14 SERVICES 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:

TAIS ESTHER ORTIZ DE SANCHEZ
Name of Person

GYT14 SERVICES LLC
Firm/Company

3924 Plainview Drive
Address

ORLANDO, FL 32824
City/State and Zip Code

gyt14services@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAISESTHERORTIZDESANCHEZ at (407) 3530165
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

21 JUN 14 PM 1:00

(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 _____ and assigned
Florida document number L18000046066 82-4535985

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

Title Name Address 21 JUN 14 PM 1:00 Type of Action

MGR TAIS ESTHER OMIZ DE SANCHEZ 3924 Plainview Drive Orlando, FL 32824 ☐ Add

_____ ☐ Remove

_____ ☒ Change

MGR GREGORY ESTEBAN SANCHEZ PEREZ 3924 Plainview Drive Orlando, FL 32824 ☐ Add

_____ ☐ Remove

_____ ☒ Change

_____ ☐ Add

_____ ☐ Remove

_____ ☐ Change

_____ ☐ Add

_____ ☐ Remove

_____ ☐ Change

_____ ☐ Add

_____ ☐ Remove

_____ ☐ Change

_____ ☐ Add

_____ ☐ Remove

_____ ☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

TAIS OPIRIZ → TAIS ESTHER OPIRIZ JUAN SANCHEZ

Gregory Sanchez → GREGORY ESTEBAN SANCHEZ PEREZ

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 Ocala, FL 06/08/2021

[Signature]

Signature of a member or authorized representative of a member

Tais Esther Opiriz de Sanchez / Gregory Esteban Sanchez Perez

Typed or printed name of signee