L18 000 236834

(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:	
complete 1st page of application with no change	
being made. dec	3-5
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Office Use Only



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COVER LETTER

Division of Corpor	rations	fr			
SUBJECT: 600 d	leals LLC	•			
SUBJECT:CTOC	Name of Limi	ted Liability Company			
The enclosed Articles of An	nendment and fee(s) are subt	nitted for filing.			
Please return all corresponde	ence concerning this matter t	to the following:			
	<u>Santiag</u>	O Betancur JR Name of Person			
	<u>Gurude</u>	uls LLC			
		Firm/Company			
	10013	SW 162 place Address			
	Miomi	FL 33196 City/State and Zip Code		20 JUN	91.13
	E-mari address: (i	ealshoe and its obe used for future annual report notifi	cation)	<u></u>	9.5.5.5.0 D. 人名法
For further information cond	cerning this matter, please ca	ill:		PH 3:	117 127 127 127 127
Santiago Pe	seturwr erson	at () 7863 Area Code Daytime	17 1146 Telephone Number	55	100000000000000000000000000000000000000
Enclosed is a check for the I	ollowing amount:				
<u> श्रि \$25,00 Filing Fea</u>	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$50.00 Filing Fe Certificate of \$1 Certified Copy (additional copy is	tatus &	
Mailing Address: Registration Sec	ction	Street Address: Registration Sec	tion		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



March 26, 2020

SANTIAGO BETANCUR JR 10013 SW 162ND PL MIAMI, FL 33196

SUBJECT: GURUDEALS LLC Ref. Number: L18000236834

We have received your document for GURUDEALS 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 document is incomplete. Please see the attached packet for complete document.

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) 245-6050.

Letter Number: 120A00006672

Terri J Schroeder Regulatory Specialist III

www.sunbiz.org

Division of the polynomer will be a polynomer with a poly

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Pardo sons Fr				
(<u>Name of the Limited Liability</u> (A Florida)	<u>Company as it now appe</u> Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Co		810se poloi	and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company	here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the	e designation "LLC" or the ab	obreviation "L	.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR)	ESS)			<i>-</i>
			.0	:= };
			Œ	
Enter new mailing address, if applicable:			-5	بر بران جریدی
•			P 3	FOE
(Mailing address MAY BE A POST OFFICE BOX)			ယ္	-3 5
			<u>6</u>	- 111
B. If amending the registered agent and/or registered	a CC and a demand and a com-		_	TE TE
agent and/or the new registered office address here:	office address on our	records, enter the ham	ie of the he	w registere
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City	, 1 tot kia	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
<u>AMB</u> R	Muriu Alexandra Noriec	ga 10013 SW 162 place Miumi FL 33196	⊠Add
			□Remove
			□Change
			□Add
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