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Amend Mame

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

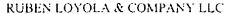
TO:

	OYOLA & COMPANY LLC				
SUBJECT:	Name of Lin	ited Liability Company	<u> </u>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	RUBEN LOYOLA				
	RUBEN LOYOLA & CO	Name of Person MPANY LLC			
	15420 LIVINGSTONE A	Firm/Company VE APT 1808			
	Address LUTZ, FL 33559 City/State and Zip Code SHOP@GASPARSTITCH.COM				
		to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please c	all:			
RUBEN LOYOLA		347 475-5976 at ()			
Name o	f Person		e Telephone Number		
Enclosed is a check for the	he 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)		
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	n		

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF





(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 10/15/2018 and assigned			
Florida document number L18000242391				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
GASPAR STITCH, L.L.C.				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	15420 LIVINGSTON AVE			
(Principal office address MUST BE A STREET ADDRESS)	APT 1808			
	LUTZ, FL 33559			
Enter new mailing address, if applicable:	15420 LIVINGSTON AVE			
(Mailing address MAY BE A POST OFFICE BOX)	APT 1808			
	LUTZ. FL 33559			
registered agent and/or the new registered office address her Name of New Registered Agent:	<u>c</u> .			
Many Danishanad Office A Identity				
New Registered Office Address:	Enter Florida street address			
	Florida			
	City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is			
If Chai	nging Registered Agent, <u>Signature of New Registered Agent</u>			

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde 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
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		08/21/				
Effective date, if othe (If an effective date is listed Note: If the date insert document's effective date in the	ed in this block d	oes not meet the a	pplicable statuto	ing or more than 90 ry filing requiren	(optional) days after filing.) Purs nents, this date will i	uant to 605.020 not be listed as
the record specifies) The 90th day afte			it not an effec	ctive time, at	12:01 a.m. on t	he earlier o
Dated		. 2019	·			
	Signa	iture of a member or	authorized repres	entative of a memb	er	
	•					

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Filing Fee: \$25.00