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SEC. TALLAHASSELLEL



COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	Gurriel MS Name of Limited	, LLC Liability Company	
The enclosed Articles of Amo	endment and fee(s) are submitt	ted for filing.	
Please return all corresponde	nce concerning this matter to the	he following:	
	Yuni	Name of Person	Castillo
	 -	Firm/Company	
	7980 Su	J 66 ST Address	
	Miami	FL 33 [73] City/State and Zip Code Of PATT 15 T WM, e used for future annual report notifica	
_	E-mail address: (to be	a gentrus WM, e used for future annual report notifica	CPM tion)
For further information conce	erning this matter, please call:		
Yunierky	Gurriel Cartill	0 at (305) 915 3 Area Code Daytime To	718
Name of Per	son	Area Code Daytime 10	Rephone Number
Enclosed is a check for the fo	ollowing 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 TO ARTICLES OF ORGANIZATION OF

Guriel us	s llC	
(Name of the Limited Liability Company a (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L19000031391</u> .	were filed on $\frac{1/30/2019}{}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the words "Liab	y 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	28	e ne
	Enter Florida street address	
	, Florida	 -
New Registered Agent's Signature, if changing Registered Agent:	, pp con-	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office adecompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document	1

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name		Address	Type of Action
MGRM	Yuniesky Gurriel	_Casti	Address 10 9980 SW 66 St Miami, EL 33173	
	1		Miami, El 33173	Remove
			, <u></u>	Change
				Remove
				Change
		_		Add
				□ Remove
				☐ Change
				□ Add
				□ Remove
				Change
				Add
				□ Remove
				Change
		~		
				Remove
				Change

	Adding secondary last Name to Officer.
	Updating Name From Yuniesty Gurrill
_	to Vunicity Guriel Cartillo.
_	
_	
_	
_	
_	
_	
-	
If an effe <u>Note:</u>	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	August 20 . 2019.
	Signature of a nyember or authorized representative of a member
	Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00