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11/19/24--01038--022 **25.00

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	GASTESI I	LOPEZ & MESTRE, PLLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	! Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Raul Gastesi		
			Name of Person	
		GASTESI LOPEZ & MES	STRE, PLLC	
			Firm/Company	
		8105 NW 155 St		
			Address	
		Miami Lakes, FL 33016		
		-	City/State and Zip Code	
		gastesi@glmlegal.com		
		E-mail address: (to be used for future annual report not	ification)
For further in	nformation c	oncerning this matter, please ca	ıll:	
Raul Gastes:	i		305 818-9993	
	Name of	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	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)
Reg Div P.C	iling Addres gistration S vision of C D. Box 632 lahassee, F	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GASTESI LOPEZ & MESTRE, PLLC

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our r liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number L19000071045	were filed on _03/13/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
GASTESI LOPEZ MESTRE & COBIELLA, PLLC.		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
		SE 202
		FA & Th
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	and assigned nent number L19000071045 ent is submitted to amend the following: ing name, enter the new name of the limited liability company here: PEZ MESTRE & COBIELLA. PLLC. Inust be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Inust be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Initiated address, if applicable: Initiated Astracet ADDRESS Initiation address, if applicable: Initiation address address here: Initiation address address address here: Initiation address and I am familiar with and bility and institution of my position as registered agent as provided for in Chapter 605. F.S. Or. if this document is in merely reflect a change in the registered office address, thereby confirm that the limited liability in the registered office address. Thereby confirm that the limited liability in the registered office address. Thereby confirm that the limited liability in the registered office address.	
		<i>⊢</i> ≥ o
B. If amending the registered agent and/or registered office a	ddress on our records, <u>e</u>	nter the name of the new registere
agent and/or the new registered office address here:		
N. CN. D. Co. LA		
Name of New Registered Agent:		
New Registered Office Address:	Form Florida desert	
	Enter r tortaa street e	idaress
	Cin	
Non-Bouistand Augst's Cinnetons of shoulder Duristand August	City	гір Сойе
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my dutie provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
			□Add
			Remove
<u> </u>			□ Change
	· .		□Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing: (Uf 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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. 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 ord is filed. Dated November 15 2024 Signal of mytober or authorized representative of a member Raul Gastesi	II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Dated November 15 Sign ture of a member or authorized representative of a member	Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
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· ·	Dated	November 15 2024
· ·		Signiture of a member or authorized representative of a member
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