L19000175853

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
	TIAW	MAIL
(Bu	siness Entity Nar	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
	Office Use Or	1V



ESTING -9 AM 8:56



2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-6243	

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PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: \$ 25.00 AUTHORIZATION SIGNATURE:

SAN FRUTTUOSO LLC L19000175853

Business Name

Document Number, (if known):

____ Walk in

____ Mail out

____ Pick up time_____

____ Will wait___ Photocopy

Certified Copy of the Articles of Organization Certificate of Status

NEW FILINGS

- ____Profit
- ____Not for Profit
- _ Limited Liability
- ____Domestication
- ___Other
- ___ CORP
- ____ PLLC

OTHER FILINGS

____Annual Report

____Fictitious Name

_ APOSTILLE()____ Country

___Other

EXAMINIER'S INITIALS:_____

AMMENDMENTS

- <u>X</u>Amendment
- Designation of R.A. Officer/Director
- Change of Registered Agent
- Revocation of Dissolution
- ____Merger
- <u>Conversion</u>
- Amended and restated Articles
- Statement of Authority

REGISTERATION/QUALIFICATIONS

- ___ Foreign filing
- Limited Partnership
- ____ Reinstatement

COVER LETTER

TO: Registration Section Division of Corporations

SAN FRUITUOSO LLC

SUBJECT: ____

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:

GILBERTO DOMINGUES

Name of Person

GD MANAGEMENT AND SERVICES LLC

Firm/Company

7575 KINGSPOINTE PKWY SUITE 20

Address

ORLANDO FLORIDA 32819

City/State and Zip Code

Giba1970@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Gilberto
 321
 2390386

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

X \$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)

<u>Mailing Address:</u> 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

OF	ELED
SAN FRUTTUOSO LLC	2023 FTB -9 AM 8: 56
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Cor	· · · · · · · · · · · · · · · · · · ·
(A Florida Limited Liability Cor	npany)
The Articles of Organization for this Limited Liability Company were filed	on 07/08/2019 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
SAN FRUCTUOSO LLC	
The new name must be distinguishable and contain the words "Limited Liability Compan	y," 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:	
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	n our records, <u>enter the name of the new regist</u>
	nter Florida street address
	, Florida
City	, Florida 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 t 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	<u>Name</u>	Address	Type of Act
			🗆 Add
			🗆 Remove
			[] Change
		- <u>-</u>	
		<u></u>	□Change
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			🗆 Change

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

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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 2023	
Signature of a member or authorized representative of a member	
DENIS CAMPOS MARINO	

Typed or printed name of signee