

L10000 206 030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

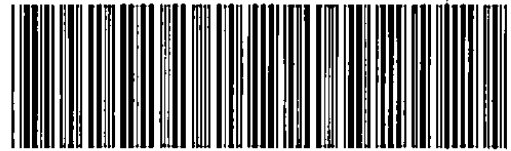
(Business Entity Name)

(Document Number)

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SECURITY
TALLAHASSEE, FL

OCT 14 2019

TO: Registration Section
Division of Corporations

SUBJECT: GERTZ, GORDON, HARMAN & S.
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIZ SANTOS

Name of Person

GUZY AMERICA LLC

Firm Company

18288 COLLINS AVE SUITE 1

Address

SUNNY ISLES BEACH, FL 33160

City State and Zip Code

SUNDAY 007770 @ GMAIL.COM

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

For further information concerning this matter, please call:

LUIZ SANTOS

Name of Person

at

786

Area Code

773 6700

Daytime Telephone Number

Enclosed is a check for the 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)

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

TO
ARTICLES OF ORGANIZATION
OF

GERTZ GORDON, HARMANN & ASSOCIATES
(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 8 AM AUGUST 13, 201 and
Florida document number L19000206030

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

18288 COLLINS AVE
SUITE #1
SUNNY ISLES BEACH

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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 c
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this c
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited li
company has been notified in writing of this change

If Changing Registered Agent, Signature of New Registered

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type</u> |
|--------------|------------------|--|---|
| MGR | SERRASAL, FATIMA | 18288 COLLINS AVE #1 SUNNY ISLES BEACH FL 33160 | <input type="checkbox"/> F <input checked="" type="checkbox"/> F <input type="checkbox"/> C |
| MGR | GUYZ America LLC | 18288 COLLINS AVE #1 SUNNY ISLES BEACH FL 33160 | <input checked="" type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> C |

E. Effective date, if other than the date of filing: _____ (optional)

(If 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
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
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 e
(b) The 90th day after the record is filed.

Dated

September 29th 2019

Signature of a member or authorized representative of a member

LVIZ SANTOS (OWNER)

Typed or printed name of signee