

L70 000020414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

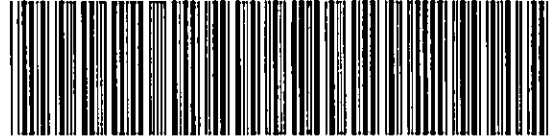
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/05/20--01014--016 **25.00

FILED
2020 MAY -1 PM 12:55

Amend

MAY 04 2020

I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GCUSTOM FLOORING LLC

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:

GUILLERMO OLVERA-PEREZ

Name of Person

GCUSTOM FLOORING

Firm/Company

24555 HWY 331S APT C207

Address

SANTA ROSA BEACH FLORIDA 32459

City/State and Zip Code

gcustomflooring@gmail.com

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

For further information concerning this matter, please call:

GUILLERMO OLVERA-PEREZ

850

714 34 59

at (_____) _____

Name of Person

Area Code

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 MAR - 1 8:09

5:11

March 24, 2020

GUILLERMO OLVERA-PEREZ
24555 HWY 331S
APT. C207
SANTA ROSA BEACH, FL 32459

SUBJECT: GCUSTOM FLOORING LLC
Ref. Number: L20000020414

We have received your document for GCUSTOM FLOORING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete name of the manager/member listed to be added.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 720A00006451

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GCUSTOM FLOORING

(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 01/13/2020 and assigned
Florida document number L20000020414.

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 "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 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

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 the 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 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>	<u>Type of Action</u>
MGR	GUILLERMO OLVERA-PEREZ	24555 HGWY 331S APT C207	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LEYDI JOHANNA ULLOA GARC	24555 HGWY 331S APT C207	<input checked="" type="checkbox"/> Add
	Leydi Johanna Ulloa Garcia		<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(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 605.0207 (3)(b)

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.

BURUARY 27TH

2020

Quail Koz. II

Signature of a member or authorized representative of a member

Filing Fee: \$25.00