

L200000042771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Handwritten signature

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GUARDIAN MEMORIAL REEFS 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:

ANTHJONY SCOTT ALVAREZ

Name of Person

GUARDIAN MEMORIAL REEFS LLC

Firm/Company

5008 SOUTHSORE DR

Address

NEW PORT RICHEY FL 34652

City/State and Zip Code

SCOTTALVARZ@GMAIL.COM

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

For further information concerning this matter, please call:

ANTHJONY "SCOTT" ALVAREZ

813 263 8328  
at ( )

Name of Person

Area Code

Daytime Telephone Number

enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

GUARDIAN MEMORIAL REEFS LLC

(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 FEBRUARY 5, 2020 and assigned  
Florida document number L20000042771.

This amendment is submitted to amend the following:

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

NAME NAME

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:**

5008 SOUTHSORE DR

**Principal office address MUST BE A STREET ADDRESS)**

NEW PORT RICHEY, FL 34652

**Enter new mailing address, if applicable:**

SAME

**Mailing address MAY BE A POST OFFICE BOX)**

**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:

ANTHONY SCOTT ALVAREZ

New Registered Office Address:

5008 SOUTHSORE DR

*Enter Florida street address*

NEW PORT RICHEY

, Florida 34652

*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 attending 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	JOSEPH FERNANDEZ	7250 GABERIA RD	<input type="checkbox"/> Add
		NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANTHONY SCOTT ALVAREZ	5008 SOUTHSORE DR	<input checked="" type="checkbox"/> Add
		NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

JOSEPH FERNANDEZ IS BEING REMOVED FROM OWNERSHIP AND MANAGEMENT OF THIS LLC

2023 SEP 15 AM 10:49  
FILED IN AN  
FILING OFFICE

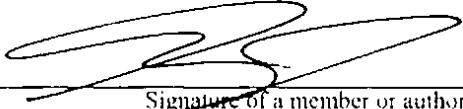
E. Effective date, if other than the date of filing: SEPTEMBER 8, 2023 (optional)

(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 605.0207 (3)(b)

**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 September 8, 2023



Signature of a member or authorized representative of a member

Anthony Scott Alvarez

Typed or printed name of signee