'20000 144032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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OCT 24 2020

S. YOUNG

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2020 SEP 15 PM 2:18

COVER LETTER

Registration Section
Division of Corporations

BJECT: Gusty Cleaning Services LLC
Name of Limited Liab... C...pany

enclosed Articles of Amendment and fee(s) are submitted f... ...

ase return all correspondence concerning this matter to the fo...

DENNY CARRION
Name ...

THE TAX CHOICE & FINANCIAL S...
Fir...

1495 FOREST HILL BLVD STE b
...

LAKE CLARKE SHORES, FLORIDA ...
City S... ...

DENNY @THETAXCHOICEFL.CO...
E-mail address: (to be used ...

further information concerning this matter, please call:

NNY CARRION
Name of Person ...

closed is a check for the following amount:

$25.00 Filing Fee	X $30.00 Filing Fee & Certificate of Status	$... Filing Fee & Certificate ...	...ee. ... Status & ... ...closed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

...
Regi... Section
Divi... of Corporations
...
... N. Mo... ...
...

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GUSTY CLEANING SERVICES L.L.C.

(Name of the Limited Liability Company as it currently appears on the records of the Florida Office)

(A Florida Limited Liability Company)

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2020 SEP 15 PM 2:19

e Articles of Organization for this Limited Liability Company were filed on [redacted] and assigned
orida document number L20000144632.

is amendment is submitted to amend the following:

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

new name must be distinguishable and contain the words "Limited Liability Company" or the abbreviation "L.L.C."

ter new principal offices address, if applicable:

incipal office address MUST BE A STREET ADDRESS)

ter new mailing address, if applicable:

ailing address MAY BE A POST OFFICE BOX)

If amending the registered agent and/or registered office address in Florida, enter the name of the new registered ent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

, Florida

Zip Code

w Registered Agent's Signature, If Changing the Registered Agent

ereby accept the appointment as registered agent and agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties; and I am familiar with and cept the obligations of my position as registered agent. I understand that the filing of this document is ng filed to merely reflect a change in the registered office address of an existing limited liability npany has been notified in writing of this change.

Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

GR = Manager
MBR = Authorized Member

le	Name	Address	Type of Action
GR	HERNANDO GUTIERREZ	[illegible]	☐ Add
			☒ Remove
			☐ Change
GR	Hernando Gutierrez Salazar	[illegible]	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

If amending any other information, enter change(s) here

Effective date, if other than the date of filing: _____

(If an effective date is listed, the date must be specific and cannot be prior to the date this document is filed.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, it 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, then the document will become effective at 12:01 AM on the day after the date it is filed.

Dated SEPTEMBER 03 2020

Signature of a member or authorized representative

HERNANDO GUTIERREZ SALAZAR

Typed or printed name