

H250000428913

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**L20000216602**

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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LATIN AMERICAN TAXPRO
Account Number : 120220000106
Phone : (407)318-0823
Fax Number : (561)467-5851

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GERARD 2020 LLC**

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FEB 07 2025

K. Brumley

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GERARD 2020 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:

ISABEL V., CRUZ

Name of Person

GERARD 2020 LLC

Firm/Company

9100 DUPONT PL

Address

WELLINGTON, FLORIDA 33414

City/State and Zip Code

INFO@PCTAXS.COM

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

For further information concerning this matter, please call:

ISABEL V., CRUZ

407 627 7398
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

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

GERARD 2020 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 07/23/2020 and assigned
Florida document number L20000216602.

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:

5000 VICTORIA PARK DR APT 5205

(Principal office address MUST BE A STREET ADDRESS)

DAVENPORT FLORIDA 33896

Enter new mailing address, if applicable:

5000 VICTORIA PARK DR APT 5205

(Mailing address MAY BE A POST OFFICE BOX)

DAVENPORT FLORIDA 33896

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:

PC TAX SERVICES LLC

New Registered Office Address:

1707 ORLANDO CENTRAL PKWY STE 210

Enter Florida street address

ORLANDO

City

Florida

32809

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.

Omar Pineda

If Changing Registered Agent, Signature of New Registered Agent

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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	PEDRO. BRUGUERA	9100 DUPONT PL	<input type="checkbox"/> Add
		WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OSCAR G., VINA RIVAS	5000 VICTORIA PARK DR APT 5205	<input checked="" type="checkbox"/> Add
		DAVENPORT FLORIDA 33896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ISABEL V., CRUZ	5000 VICTORIA PARK DR APT 5205	<input type="checkbox"/> Add
		DAVENPORT FLORIDA 33896	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 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 FEB 4, 2025

IV Cruz Signature of a member or authorized representative of a member

ISABEL V. CRUZ

Typed or printed name of signee

Filing Fee: \$25.00

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