

L20000 226263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

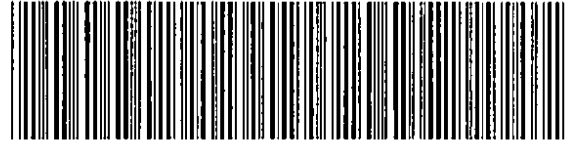
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

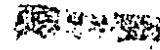
Office Use Only



000412148750

07/17/23--01023--022 **25.00

FILED
JUL 17 PM 8:22
TALLAHASSEE, FL



R. HUNT

07/17/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: La Gina 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:

Jose Torres
Name of Person

La Gina LLC
Firm/Company

303 N Center St Unit A
Address

Pierson FL 32180
City/State and Zip Code

Lagingtransport@gmail.com
E-mail address: (to be used for future annual report notification)

RECEIVED
TALLAHASSEE, FL
JAN 17 PM 8:22

For further information concerning this matter, please call:

Jose Torres at (386) 717-3483
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

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

La Gina 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 7/29/2020 and assigned Florida document number 420000226263

This amendment is submitted to amend the following:

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

La Gina LLC

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)

303 N Center St Unit A
Pierson FL 32180

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:

Jose Torres

New Registered Office Address:

303 N Center St Unit A

Enter Florida street address

Pierson

City

Florida

32180

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.

José Torres

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	Jose Torres	303 N Center St Unit A Pierson FL 32180	<input checked="" type="checkbox"/> Add
		7906 Napoleon St Orlando FL 32825	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mGR	Maria Urena		<input type="checkbox"/> Add
		7906 Napoleon St Orlando FL 32825	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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OFFICE OF STATE
MANAGEMENT, FL
17 PM 8:22
ADD
REMOVE

1973. 17 PM 8:22
STATE
LAHASSIE.F.L.

17 PH 8:22
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

(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.

Dated 7/12/2023

José Torres

Signature of a member or authorized representative of a member

Jose Torres

Typed or printed name of signee