

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.  
Account Number : I20020000100  
Phone : (305)944-9755  
Fax Number : (888)401-1914

\*\*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/MIG RESIGN  
GONDO'S LLC

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Help

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To:

Page: 3 of 6

2023-10-24 16:01:35 GMT

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From: Silvas Financial Services, LLC

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GONDO'S 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:

GONDOLESI, GABRIEL E

Name of Person

GONDO'S LLC

Firm/Company

PO BOX 430901

Address

MIAMI, FL 33243

City/State and Zip Code

ACCOUNTING2@SILVASBOX.COM

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

For further information concerning this matter, please call

Name of Person

at ( )

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GONDO'S 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 10/05/2020 and assigned Florida document number 120000314266.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

N/A

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

Enter new mailing address, if applicable:

N/A

**(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:

N/A

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

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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	GONDOLESI, CARLOS E	PO BOX 430901	<input type="checkbox"/> Add
		MIAMI, FL 33243	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BAIII, MARTA E	PO BOX 430901	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33243	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RUMBO, CAROLINA	PO BOX 430901	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33243	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GONDOLESI, MANUEL	PO BOX 430901	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33243	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GONDOLESI, FLORENCIA	PO BOX 430901	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33243	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

