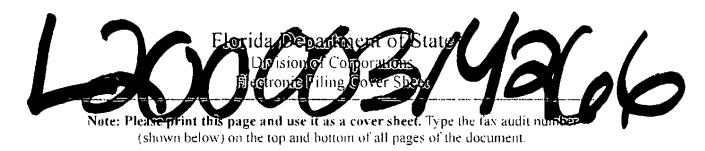
To:



(((H23000370804 3)))



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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.



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GONDO'S LLC

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Help

OCT 25 2023







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2023-10-24 16:01:35 GMT

COVER LETTER

18884011914

From: Silvas Financial Services, LLC

	GONDO'S LLC
SUBJECT	Name of Limited Liability Company
The enclose	ed Articles of Amendment and fee(s) are submitted for filing.
Please retu	n 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
	at ()
	Name of Person Area Code Daytime Telephone Number

Mailing Address: Registration Section

☐ \$25.00 Filing Fee

Division of Corporations P.O. Box 6327

Enclosed is a check for the following amount:

Certificate of Status

Street Address:

☐ \$55.00 Filing Fee &

Certified Copy

radditional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee

☐ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

(((11230003708043)))

To

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	GONDO'S LLC
(Name of the Limited L (A F	iability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number $\frac{1.20000314266}{1.20000314266}$	
A. If amending name, enter the new name of the	e limited liability company here:
N/A The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e: <u>N/A</u>
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or regis agent and/or the new registered office address bo	stered office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florido street aikh ess
_	Florida Zip Code
New Registered Agent's Signature, if changing Regis	
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as registered	gent and agree to act in this capacity. I further agree to comply with the ind complete performance of my duties, and I am familion with and red agent as provided for in Chapter 605, F.S. Or, if this document is istered office address, I hereby confirm that the limited liability

Page: 5 of 6

2023-10-24 16:01:35 GMT

18884011914

From: Silvas Financial Services, LLC

(((11230003708043)))

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>	Name	<u>Address</u>	Type of Action
MGR	GONDOLESI, CARLOS E	PO BOX 430901	□Add
		MIAMI, IT. 33243	■Remove
			LIChange
MGR	BAHI, MARTA E	PO BOX 430901	≅Add
		MIAMI, FL 33243	□Remove
			☐Change
MGR	RUMBO, CAROLINA	PO BOX 430901	■Add
		MIAMI, FL 33243	□Remove
			☐ Change
MGR	GONDOLESI, MANUEL	PO BOX 430901	
		MIAMI, FL 33243	□Remove
			□Change
MGR	GONDOLESI, FLORENCIA	PO BOX 430901	■Add
		MIAMI, FL 33243	(IRemove
			□ Change
			□Add
			□Change

((([1230003708043)))

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ective date, if other than the da effective date is listed, the date must be	te of filing: specific and cannot be prior:	to date of filing or more than 9	(optional) I days after filing.) Pursuant to (605.020
te: If the date inserted in this block ument's effective date on the Depart		able statutory filing require	ments, this date will not be l	isted a
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cord specifies a delayed effective do s filed.			dier of: (b) The 90th day a	iter the
OCTOBER 18	2023	1 Lague		
and OCTOBER 16				
ed OCTOBER 18	· · · · · · · · · · · · · · · · · · ·			

Typed or printed name of signee