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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Document Number)

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US
7/20/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GUCCIO RESIDENTIAL 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:

LOVETTE DOBSON

Name of Person

INCFIL.COM LLC

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFIL.COM

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

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For further information concerning this matter, please call:

LOVETTE DOBSON

888

462-3453

at ()

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**

GUCCIO RESIDENTIAL 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 10/13/2020 and assigned
Florida document number L20000323455.

This amendment is submitted to amend the following:

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

CHRIS GUCCIO 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)

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:

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 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

Category	Item	Value	Unit	Change
Category 1	Item 1.1	100	kg	<input type="checkbox"/> Add
	Item 1.2	200	kg	<input type="checkbox"/> Remove
	Item 1.3	300	kg	<input type="checkbox"/> Change
Category 2	Item 2.1	400	kg	<input type="checkbox"/> Add
	Item 2.2	500	kg	<input type="checkbox"/> Remove
	Item 2.3	600	kg	<input type="checkbox"/> Change
Category 3	Item 3.1	700	kg	<input type="checkbox"/> Add
	Item 3.2	800	kg	<input type="checkbox"/> Remove
	Item 3.3	900	kg	<input type="checkbox"/> Change
Category 4	Item 4.1	1000	kg	<input type="checkbox"/> Add
	Item 4.2	1100	kg	<input type="checkbox"/> Remove
	Item 4.3	1200	kg	<input type="checkbox"/> Change
Category 5	Item 5.1	1300	kg	<input type="checkbox"/> Add
	Item 5.2	1400	kg	<input type="checkbox"/> Remove
	Item 5.3	1500	kg	<input type="checkbox"/> Change
Category 6	Item 6.1	1600	kg	<input type="checkbox"/> Add
	Item 6.2	1700	kg	<input type="checkbox"/> Remove
	Item 6.3	1800	kg	<input type="checkbox"/> Change
Category 7	Item 7.1	1900	kg	<input type="checkbox"/> Add
	Item 7.2	2000	kg	<input type="checkbox"/> Remove
	Item 7.3	2100	kg	<input type="checkbox"/> Change

[illegible]

(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)

Dated May 20, 2021

Christopher Cuccio
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Christopher Guccio

Typed or printed name of signee