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(Re	questor's Name)	-
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

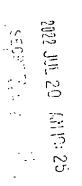
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COVER LETTER

Division of Cor			
GYO GRO	UP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	2022 Ji SECR SECR
Please return all correspo	ondence concerning this matter	to the following:	
	Oswaldo Coronado		: : : : :
		Name of Person	
	GYO Group LLC		Ç.
		Firm/Company	
	1331 BRICKELL BAY DI	RIVE CU-I	
		Address	·····
	Miami, FL 33131		
		City/State and Zip Code	
	oswaldocoronado2005@grr	nail.com to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	- -	
Nelson Sabbagh, CPA		786 473-2823	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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

(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
he Articles of Organization for this Limited Liability Com	pany were filed on 10/28/2020	and assigned
lorida document number L20000343435		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	l liability company here:	
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	20)	, 1 <u>5</u> i-
THEODIE OFFICE COMMESS IN UST DE ASTREET ADDRES	<u></u>	
		
		<u>5</u> -
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
I. If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our records, enter the	te name of the new regist
gent and or the new registered office and also here.		
Name of New Registered Agent:		
Name Designated Office Address		
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	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 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	LUIS GERARDO LOPEZ	186 SE 12th Ter	□Add
		Apt 1606	Remove
		MIAMI, FL 33131	Change
			□Add
			☐Remove
			DAdd ;
			☐ Remove
			☐ Change
	 		□Add
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Effective date, if other than the	he date of fili	ng:			_ (optiona	D)	and an EDE I	0207
f an effective date is listed, the date n Note: If the date inserted in this document's effective date on the	block does not	meet the app	licable statutory					
	2 op	. 5425 6 15501	 -					
e record specifies a delayed effected is filed.	tive date, but n	ot an effective	time, at 12:01	a.m. on the earl	ier of: (b)	The 90th	day after	the
Dated 07 14		202	2 ,					
								