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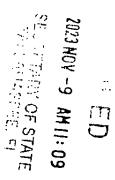
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of	of Corporations					
	ral Florida Gunite, LLC					
SUBJECT:Name of Limited Liability Company						
The enclosed Artic	les of Amendment and fee(s) are	submitted for filing.				
Picase return all co	orrespondence concerning this ma	tter to the following:				
	Miriam E. Lopez Gonz	ralez				
		Name of Person				
	Central Florida Gunite	, LLC				
		Firm/Company				
	4001 Laurel Crest Dr					
		Address				
	Mulberry, FL 33860					
		City/State and Zip Code				
	info@floridagunite.com E-mail addre	ss: (to be used for future annual report n	otification)			
For further informa	ation concerning this matter, plea					
Miriam Lopez		813 444-6172				
<u> </u>	Name of Person	Area Code Dayt	ime Telephone Number			
Enclosed is a check	k for the following amount:					
■ \$25.00 Filing I	Fee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
<u>Mailing A</u> Registra	Address: tion Section	Street Address: Registration S				
Division of Corporations		Division of C	Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Central Florida Gunite, 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 11/03/2020 and assigned Florida document number L20000349198 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 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 fundities with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, \overline{H} this $\overline{\mathbf{Q}}$ ocument 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>	<u>Name</u>	Address	Type of Action
AMBR	Antonio Lopez	611 Ralph St, Auburndale, FL 33823	≡ Add
			□Remove
			□ Change
			□ Add
			□Remove
			🗀 Change
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ctive date, if other than the effective date is listed, the date in	ust be specific and c	cannot be prior to o	late of tiling or m	ore than 90 days a	ptionar) ifter filing.) Pursuan	t to 605.020
e: If the date inserted in this liment's effective date on the liment.			e statutory filin	g requirements,	this date will not	be listed a
1 20 11 1 00 1	ive date, but not a	n effective time	, at 12:01 a.m.	on the earlier of	(b) The 90th d	ay after th
filed.		2021				
filed. November 1						
rord specifies a delayed effect filed. ed November 1 MiVic	Signature of a m		Pe7	Gonza	ilez	