120000341009

(Reque	stor's Name)	
(Addres	s)	
(Addres	s)	
(City/Sta	ate/Zip/Phone #)	<u> </u>
PICK-UP	WAIT	MAIL
(Busine)	ss Entity Name)	
(5031115	so Cherry Harrier	
/Decum	ent Number)	
(Cocum	encivarriberj	
O-difference :		
Certified Copies	Certificates of	Status
<u> </u>		
Special Instructions to Filing	Officer:	_





600356848556

12/23/20--01003--019 **25.00

57,28 77.1

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Guizani Enterprise Ll	LC	· -		
			1	
		· · · · · · · · · · · · · · · · · · ·	}	
	-		ļ	
				Art of Inc. File
				
				LTD Partnership File
				Foreign Corp. File L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
3				Vehicle Search
				Driving Record
Requested by:				UCC 1 or 3 File
Name	Date	Time		UCC Search
		TAIRC		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO:

Registration Section

Division of (Corporations		
GUIZA:	NI ENTERPRISE LLC		
30bJEC1:	Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	spondence concerning this matte	r to the following:	
	Jason S. Ross		
		Name of Person	
	Bauer Gutierrez & Borbo	n, PLLC	
		Firm/Company	
	814 Ponce De Leon Blvd.	Suite 210	
		Address	
	Coral Gables/ Florida 331	34	
		City/State and Zip Code	
	jason@bgblawgroup.com	to be used for future annual report not	
For further information	concerning this matter, please of		incation)
Jason Ross		305 340-5959	
Name	of Person		va Tolankon a Marik
		Daytin	ie 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 Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GUIZANI ENTERPRISE LLC		
(Name of the Limited Lia) (A Flo	bility Company as it now appears on ourida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability		
Florida document number L0000361009		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	ORESS)	2020
	·	(a) .
_		:\> :\>
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	-	
		—————————————————————————————————————
		
3. If amending the registered agent and/or register gent and/or the new registered office address here: Name of New Registered Agent:	ed office address on our records, :	enter the name of the new regist
		
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

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
MGR	Stephanie Eisenring	160 Cypress Club Dr #602 Pompano Beach, FL 3306	0 _ ≡ Add
			_ 🗆 Remove
			_ Сһапде
			_ 🗆 Add
			_ □ Remove
			_ ⊃Xdd -
			= ☐Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
			_ Change
			_ 🗆 Add
			_ □Remove
		<u> </u>	_ Change
			_ 🗆 Add
			_ □Remove
			_ □Change

Page 2 of 3

						_
						_
						_
						_
	<u> </u>			<u>-</u>		_
						_
				<u>-</u>	<u> </u>	
				<u>.</u>	~	
					2029	_
					330	';
				-	ن.	_
				<u>-</u>		—, · :
					<u>့</u> ပာ	
			.	<u> </u>	- 9	

	- -					
					<u></u>	
Effective date, if other than the date in the date is listed, the date must Note: If the date inserted in this block document's effective date on the Department.	late of filing: be specific and canno ck does not meet the	ne applicable	nte of filing or me	ore than 90 days a	otional) ther filing.) Pursuant to this date will not be	605.0207 listed as
he record specifies a delayed The 90th day after the reco		but not a	n effective t	ime, at 12:0	1 a.m. on the ea	rlier o
Dated	. 20	20				
/s/ Mohamed Guizan						
	signature of a memb	er or authorize	d representative	of a member		-

Page 3 of 3

Filing Fee: \$25.00