

2/25/2021

Division of Corporations

**L20000372671**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ASLAN TAX SERVICES INC  
Account Number : 120140000082  
Phone : (305)644-9144  
Fax Number : (786)477-5802

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GUSTA PEZ LLC**

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GUSTA PEZ 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

IRMA SERNA

Name of Person

ASLAN TAX SERVICES INC

Firm/Company

762 SW 18TH AVE

Address

MIAMI, FL 33135

City/State and Zip Code

IRMA@ASLANTAXSERVICE.COM

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

For further information concerning this matter, please call:

IRMA SERNA

305 644-9144  
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

GUSTA PEZ 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 12/07/2020 and assigned  
Florida document number L20000372671

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)

13356 N LE JEUNE RD

OPA-LOCKA, FL 33054

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6420 NW 102ND PATH APT 304

MIAMI, FL 33178

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*

City, Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	LUIS GUSTAVO MORALES MARINO	762 SW 18TH AVE	<input type="checkbox"/> Add
		MIAMI, FL 33135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SIRAH LUCIA RODRIGUEZ LOPEZ	762 SW 18TH AVE	<input type="checkbox"/> Add
		MIAMI, FL 33135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUIS GUSTAVO MORALES MARINO	6420 NW 102ND PATH APT 304	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SIRAH LUCIA RODRIGUEZ LOPEZ	6420 NW 102ND PATH APT 304	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

