## L21000050243

(Re	equestor's Name)	<del></del>
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Division of C				
GOMCH	EC LLC			·
	Name of Lir	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
	pondence concerning this matter	<del>-</del>		
	MARCELINO A GOME	Z		
		Name of Person		
	Montes			
		Firm/Company	<del></del>	
	1912 N 38TH AVE			
		Address		
	HOLLYWOOD, FL 3302	21		
		City/State and Zip Code		
	E-mail address: (	to be used for future annual report noti	ification)	
For further information	concerning this matter, please c	all:	s 2	
MARCELINO A GOM	IEZ -	813 205 1733	SECS HOV 17	4
Name	of Person		e Telephone Number	Lange of the second
Enclosed is a check for	the following amount:		PH 2: OF ST SSEE, F	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

GOMCHEC LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number L21000050243		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "LLC" or th	e 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 offic agent and/or the new registered office address here:	e address on our records, <u>enter the n</u>	ame of the new registere
Name of New Registered Agent:		T P III
New Registered Office Address:	Enter Florida street address	2: 40 2: 40 STATE E. FL
	, 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 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
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ective date, if other than the confective date is listed, the date must te: If the date inserted in this blockument's effective date on the Dep	be specific and cannot be prior to dank does not meet the applicable	te of filing or more than 90	(optional) days after filing.) Pursuant tents, this date will not b	to 605.020' be listed as
cord specifies a delayed effective s filed.	date, but not an effective time,	at 12:01 a.m. on the earli	er of: (b) The 90th day	y after the
ed November 08	2023			
1. <del></del>				
Months .	ignature of a member or authorized	representative of a month	r	_