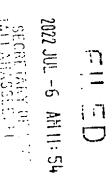
## 

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Busiliess Etitity Name)	
(Document Number)	
Certified Copies Certificates of State	us
Special Instructions to Filing Officer:	
J. HORNE	
J. HORNE OCT - 6 202	22

Office Use Only





Miami 06/28/2022

Mister

Department of State of Florida

My name is Roberto J. Cavanna, telephone: +1 786 907 6993, address: 7962 NW 116th Ave. Miami FI 33178 and enclosed in the letter requesting a change of address for my company GECARO LLC and the addition of an employee, in addition to the check for \$25.00, according to the form.

MHR Roberto J. Cavanna

Phone number 786 9076993

## **COVER LETTER**

,

TO:

Registration Section Division of Corporations

GECARO	LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Roberto J. Cavanna		
		Name of Person	<u> </u>
	GECARO LLC		
		Firm/Company	
	2826 NW 72ND Avenue		
		Address	
	Miami FL 33122		
		City/State and Zip Code	
	bobcavannam@hotmail.cor		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Roberto J. Cavanna		786 9076993 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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)
Mailing Address Registration S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Se Division of Co The Centre of T	rporations Fallahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION FILED OF 2022 JUL -6 AM II. ARTICLES OF AMENDMENT

GECARO LLC		SECET-	AM 11: 54
(Name of the Lim	ited Liability Comp (A Florida Limited	uny as it now appears on dur records:) / Liability Company)	S. T.
he Articles of Organization for this Limited 1	Liability Compan	y were filed on 02/11/2021	and assigned
lorida document number L21000072006	<u> </u>		
his amendment is submitted to amend the fol	llowing:		
. If amending name, enter the new name	of the limited lia	bility company here:	
VA			
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	7962 NW 116th Av. Miami Fl 331	78
Principal office address MUST BE A STRE	ET ADDRESS)		
Inter new mailing address, if applicable:		7962 NW 116th Av. Miami Fl 3317	78
Mailing address MAY BE A POST OFFICE	EBOX)		
3. If amending the registered agent and/or gent and/or the new registered office addre	registered office ess here:	address on our records, enter the	name of the new registere
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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	Maria Isabel Morales	7962 NW 116th Ave. Miami Fl 33178	■Add
			□Remove
<del></del>	···		□ Add
		<del></del>	Remove
			□Change
<del></del>			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Effective date if other	r than the date of filing: (optional)  The proof of the prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
If an effective date is listed,	the date of filing: (optional)  the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 and in this block does not meet the applicable statutory filing requirements, this date will not be listed.
- 5.7 I.4 (b.s. dots (5500) [6	ite on the Department of State's records.
ne record specifies a delay	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ord is filed.	
Inn. 28	2022
Dated	
	Owotanus member
	Signature of a member or authorized representative of a member
<del></del>	Signature of a member of day

Filing Fee: \$25.00