## L21000178694

(Requestor's Name)	
(Address)	100368245541
(Address)	, 000001.001.
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	06/21/2101821019 <b>**</b> 25.00
(Document Number)	2021
Certified Copies Certificates of Status	1. H. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Special Instructions to Filing Officer:	- ≥ 3
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Office Use Only 5.(,

07/16/21

## **COVER LETTER**

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TO: Registration Section Division of Corpor			
OLUB IN AVE	Gerena	Gx2410 11C	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter (	to the following:	
	Ro	berto Gerena Name of Person	<u></u>
	Ger	rena Group L Firm/Company	LC
	429	Fountainhead	Circle #219
		imee / FL 3L City/State and Lip Code	
-	Robe E-mail address: (0	rto 3935 @ yah	oo.com
For further information conc		_	<i>"</i> ;
Roberto	Gerena	at (787) 630 - ( Area Code Daytime Tele	8809 : i phone Number
Enclosed is a check for the f	ollowing amount:		≥ <u>.</u>
S25.00 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 Sec	ction	Street Address: Registration Section	1
Division of Corp		Division of Corpora	
P.O. Box 6327		The Centre of Talla	hassee
Tallahassee, FL	32314	2415 N. Monroe Str	reet, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gerena Group	) LLC
( <u>Name of the Limited Liability Company as it now ar</u> (A Florida Limited Liability Compa	opears on our records.) my)
The Articles of Organization for this Limited Liability Company were filed or Florida document number <u>LZ100017969</u> 4	1 4 19 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y 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)	-
(Multing duaress MAT BE A POST OFFICE BOX)	
	£23
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	ur records, enter the name of the new registered
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	r Florida street address
r.nte	
	Florida Zin 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>	Name	Address	Type of Action
MGR	Roberto Gerena	429 Fountainhead	0 <b>2</b>
		Circle # 219	□Remove
		Kissimmee FL3471	☐ □ Change
AUBR	Roberto Gerena	429 Fountainhead	DAdd
		Circle # 219	□Remove
		Kissimmee FL 347	41 □Change
			□Add
			□Remove
			☐ □Change
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