

12/11/24 3:29 PM

Division of Corporations

(H240004081383)

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H240004081383)))



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To:

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

From:

Account Name : SICONT ENTERPRISES OF AMERICA INC
Account Number : I28150000041
Phone : (407)443-8973
Fax Number : (407)930-2626

2024 DEC 12 PM 1:00
STATE DEPT OF STATE
TALLAHASSEE, FL 32301

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

Email Address: _____

LC AMND/RESTATE/CORRECT OR M/MG RESIGN
INVERSIONES G5C LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

K. SALY

DEC 13 2024

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Help

COVER LETTER

(H24000408138 3)

TO: Registration Section
Division of Corporations

SUBJECT: INVERSIONES G5C 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:

DESIREE TORRES

Name of Person

SICONT ENTERPRISES OF AMERICA INC

Firm/Company

13550 VILLAGE PARK DR STE 255

Address

ORLANDO, FL 32837

City/State and Zip Code

sunbiz.sicont@hotmail.com

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

For further information concerning this matter, please call:

DESIREE TORRES

Name of Person

at (407) 443-8973

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

(H24000408138 3)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

INVERSIONES G5C 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 05/28/2021 and assigned

Florida document number L21000252378

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:

11710 CAPSTAN PL

(Principal office address **MUST BE A STREET ADDRESS**)

PARRISH, FL 34219

Enter new mailing address, if applicable:

11710 CAPSTAN PL

(Mailing address **MAY BE A POST OFFICE BOX**)

PARRISH, FL 34219

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

_____, 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

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2024 DEC 12 PM 1:00
CLERK OF CIRCUIT COURT
PARRISH COUNTY, FLORIDA

(1124000408/38 3)

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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	RICARDO FELIPE GUTIERREZ		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		11710 CAPSTAN PL PARRISH, FL 34219	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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PARRISH, FL 34219
SECRETARY OF STATE

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(H2 4000408/38 3)

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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FBI - TAMPA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated: DECEMBER 11TH 2024

Felipe Gutierrez

12/11/2024

Signature of a member or authorized representative of a member

RICARDO FELIPE GUTIERREZ

Typed or printed name of signee

Filing Fee: \$25.00

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