

KZ1000284365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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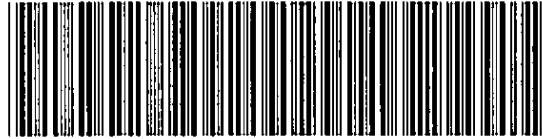
(Business Entity Name)

(Document Number)

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2021 AUG 23 AM 11:43

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** P GONZ 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:

SERENA RAMIREZ

\_\_\_\_\_  
Name of Person

INNOVATIVE ACCOUNTING SOLUTIONS, INC

\_\_\_\_\_  
Firm/Company

9860 N PALAFOX ST.

\_\_\_\_\_  
Address

PENSACOLA, FL 32534

\_\_\_\_\_  
City/State and Zip Code

SERENA@THEACCOUNTINGSOLUTION.COM

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

For further information concerning this matter, please call:

SERENA RAMIREZ

850 741-3773  
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

**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	PEARLMELIA M. KEYSER	6565 NORTH W STREET	<input type="checkbox"/> Add
		STE 260	<input type="checkbox"/> Remove
		PENSACOLA, FL 32505	<input checked="" type="checkbox"/> Change
AMBR	MARYANNE HERNANDEZ	7490 GUTHRIE WAY	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		SAN DIEGO, CA 92114	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2021 AUG 23 AM 11:43

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is listed, the document is effective as of the date listed.)

(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 August 16 2021

Signature of a member or authorized representative of a member

PEARLMELIA M. KEYSER

Typed or printed name of signee

**Filing Fee: \$25.00**