## KZ1000301934

(Re	questor's Name	)
(Ad	dress)	
	dress)	
(	,	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
,54	omood Emily Ha	
	4 N 1 1 1	
(Do	cument Number	7)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
opecial instructions to	r imig Officer,	
		9/16/21
		TPY





300372670903

09/07/21--0108:--029 \*\*25.00

21 SEP -7 PM 3: 14

## **COVER LETTER**

	Registration Se Division of Cor						
erib ivz							
SUBJEC	.l: <u></u>	Name of Limited Liability Company					
The encl	Gonzo International LLC    Same of Limited Liability Company						
Please re	turn all correspo	ondence concerning this matter	to the following:				
		Cristian Gonzalez					
			Name of Person				
		Gonzo International LLC					
			Firm/Company	· · · · · ·			
		5717 SW 116th Place Rd					
			Address				
		Ocala, FL 34476					
			City/State and Zip Code				
				(Carrott)			
For furth	er information c	oncerning this matter, please c	all:				
Cristian	Gonzalez						
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed	l is a check for th	he following amount:					
<b>■</b> \$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy			
	Mailing Addres		Street Address:	at an			
Registration Section			Registration Sec	AUOH			

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 21 SET -7 PH 3: 14

Gonzo International 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 June 30, 2021 \_\_\_\_\_ and assigned Florida document number \_\_L21000301839 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 "LLC." 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 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

## 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:

A STATE OF STATE MGR = Manager Address 21 SEF -7 FH 3: 14 AMBR = Authorized Member Type of Action Title Name AMBD\_ 5717 SW 116th Place Rd, Ocala, FL 34476 Cristian Gonzalez ■Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Remove \_\_\_\_\_ □Remove \_\_\_\_\_ □Add \_\_\_\_\_ □Remove \_\_\_\_\_\_ \_\_\_\_Add \_\_\_\_\_ Remove \_\_\_\_\_\_ □Change

PHAVE	900	re as	an o	WHOME	PLIDOR	<u> </u>
for	add n	upani/	Conz	/motes	natural	W.
	-		•			
	<del></del>					
		-		·	***	
			<u> </u>			
					<del>-</del>	
				-		<del></del>
	<del></del>					- <del></del>
		-				
	• • •					
				·		
fective date, if o	her than the dat	e of filing:			(optional)	
in effective date is lis	ted, the date must be a	specific and canno	of be prior to date of	of filing or more the	in 90 days after filing	.) Pursuant to 605.020 will not be listed a
cument's effective	date on the Depart	ment of State's	records.	tutory timig requ	memens, mis date	witt not the fisted a
	elayed effective dat	e, but not an et	fective time, at	[2:0] a.m. on the	earlier of: (b) Th	ne 90th day after the
is filed.						
August 30		20	21			
ited	7) 1	77	·			
,	Max ha	Lam	ala .			
	Sign	ature of a mem	er or authorized re	presentative of a n	nember	
	11 1	$\mathcal{T}$	1 1			