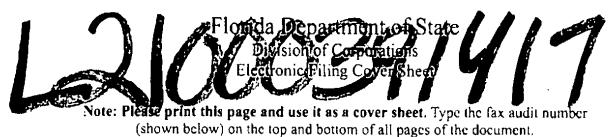
11/15/23, 10:57 AM

Division of Corporations



(((H23000395112 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CKO CONSULTING AND TAX SERVICES LLC

Account Number : 120228000100 Phone : (321)366-0510 Fax Number : (321)366-0511

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

. Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GUMI CONSTRUCTION LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX

age: 3 .11/15/2023 03:17 PM TO:18506176383 FROM:3213660511 423000 395112-3 COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	GUMI CONSTI	RUCTION LLC			
30bJEC1		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:			
	CRISTIANE OLIVEIRA	SILVA			
		Name of Person			
CKOCONSUNTING AND TAX SERVICES LLC					
		Firm Company			
	7065 WESTPOINTE BLVD STE 303				
		Address	·· ·		
	ORLANDO - FL - 32835				
	000000000000000000000000000000000000000	City/State and Zip Code			
	CEO@CKOACCOUNTI	NGSERVICES.COM to be used for future annual report notifi			
For further information of	concerning this matter, please o	·	ication		
CRISTIANE OLIVEI	RA SILVA	321 366 0510 at ()			
Nате с	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
■ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Page: 4 .11/15/2023 03:17 РМ ТО:18506176383 FROM:3213660511 4 23 000 39 5/12 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gt	JMI CONSTRUCT	TON LLC	
(Name of the Limi	ted Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited L	iability Company	were filed on09/01.2021	and assigned
Florida document number L21000391417	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	lity company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity 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)		13827 FAIRWAY ISLAND DR AP	Т 1228
		ORLANDO - FL - 32837	
Enter new mailing address, if applicable:		13827 FAIRWAY ISLAND DR AP	T 1228
(Mailing address MAY BE A POST OFFICE BOX)		ORLANDO - FL - 32837	
			
			÷
B. If amending the registered agent and/or i	registered office a	address on our records, <u>enter the na</u>	me of the new register
egent and/or the new registered office addre	ss nere:		- 7
Name of New Registered Agent:	CKO CONSU	LTING AND TAX SERVICES LLC	
New Registered Office Address:	7065 WESTPOINTE BLVD STE 303		Çu .
-		Enter Florida street address	\$
	ORLANDO	, Florida	32835
		City	Zio Coda

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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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
AMBR	FERNANDO Henrique Marques	1034 DOUGLAS AVENUE	
		ALTAMONTE SPRINGS - FL - 32714	Remove
			= Change
AMBR	DANIEL DOMINGUES VIEIRA	13827 FAIRWAY ISLAND DR APT 1228	≣ Add
		ORLANDO - FL - 32837	□Remove
			:Change
			□Remove
			□Change
			⊒∧dd
			□ Remove
			
			Add
			URemove
			UChange
			⊒∧dd
			□Remove
			□Change

age:	6	11/15/2023		TO:18506176383	FROM: 321366051
			423 000	3951123	

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i azi e i : <u>Vote:</u>	ve date, if other than the date of filing: certive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at em's effective date on the Department of State's records.
recond is fil	d 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
ated	November 15, 2023
	Marico Amborio Maricine 9 Signature of a member or authorized representative of a member
	Marco Antonio Marcigues Typed or printed name of signed

Filing Fee: \$25.00

H23000295112-ABC-