

1/25/22, 4:00 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L210000327443

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GOMFLO LLC

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T. LEMIEUX

JAN 26 2022

COVER LETTER

TO: Registration Section
Division of Corporations

H22 0000 327443

SUBJECT: GOMFLO 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:

Maria C Sousa

Name of Person

Sousa & Associates Inc

Firm/Company

5728 Major Blvd, Ste 309

Address

Orlando, FL, 32819

City/State and Zip Code

info@sousaacc.com

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

For further information concerning this matter, please call:

Maria C Sousa

407

800-7028

at ()

Name of Person

Area Code

Daytime Telephone Number

H22 0000 327443

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GOMFLO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 09/05/2021 and assigned
Florida document number L21000403083

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:

(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

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

17220000 32744 3

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

H22 000 0327 443

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Garcia-Alonso, Alexandra	BUGAMBILIAS 1000 A1102	<input type="checkbox"/> Add
		MEXICO CITY 05120 ME	<input type="checkbox"/> Remove
			<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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Dated JANUARY 20, 2022

Alexandra Garcia Alonso
Signature of a member or authorized representative of a member

Typed or printed name of signee

422 0000 327 443