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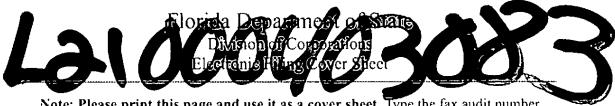
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13:12 PM

TO:18506176383 FROM:3215598192

1/25/22, 4:00 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SOUSA & ASSOCIATES INC

Account Number : I20190000111 Phone : (407)800-7028

Fax Number

: (407)992-9407

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

Consil	Address:			
rmaı ı	AODEPSS:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN. **GOMFLO LLC**

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

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JAN 26 2022

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		÷		COVER LETTER	•	
	то:	Registration Section Division of Corpo			H22 0000	327443
1 	SUBJEC	GOMFLO LI				
			Name of I	Limited Liability Company		
ı			mendment and fee(s) are s			
			Maria C Sousa			
				Name of Person		
			Sousa & Associates Inc	:		
				Firm/Company	-,,	
			5728 Major Blvd, Ste 3	09	_	
				Address		
			Orlando, Fl., 32819			
			-	City/State and Zip Code		
			info@sousaacc.com			
			E-mail addres	ss: (to be used for future annual repo	nt notification)	
	For furt	her information cor	ncerning this matter, pleas	se call:		

Maria C Sousa

Name of Person

Haz 0000 327443

Daytime l'elephone Number

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Or .	. 2	_
	H22 0000	327443
GOMFLO LLC		
GOMFLO LLC (Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)	
(A PROPRIE EDITION	and comp.	
he Articles of Organization for this Limited Liability Company w	ere filed on 09/05/2021	and assigned
he Articles of Organization for this Limited Liability Company	<del></del>	
lorida document number L21000403083		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
		_
	Company" the designation "LLC" or t	he abbreviation "L.L.C."
he new name must be distinguishable and contain the words "Limited Liability	y Company, the designation	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<del>_</del> _
Enter new mailing address, if applicable:		
Enter new maning address, war a poet OFFICE ROX		
(Mailing address MAY BE A POST OFFICE BOX)		
		. N
B. If amending the registered agent and/or registered office a	ddross on our records, enter the	name of the new registe
B. If amending the registered agent and/or registered office a	duress on our records	L AN
agent and/or the new registered office address here:		~ 2
		52 E
Name of New Registered Agent:		
_		z z 🔍
New Registered Office Address:	Enter Florida street address	*,
		ເນ
	, Flori	da
	City	apr Come

## 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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Page:	1 T	01/25/2022	13:12 PM	1

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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

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Title	Name	Address	Type of Action
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			□Add
			□Remove
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document	's effective date o	n the Departmen	1 of State 5 reco	rus.				
	pecifies a delayed	effective date, bu	n not an effectiv	ve time, at 12:0	)1 a.m. on the	earlier of: (b)	The 90th day af	ter the
record is filed.			2022					
record is filed.  Dated	NUARY 20		2022					

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