

L2100933-11

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entry Name)

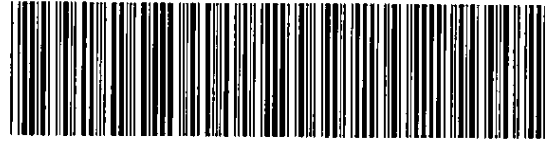
(Document Number)

Certified Copies _____

Certificates of Status _____

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2024 AUG 28 AM 9:54
STATE
TAX DEPT. FL

RECEIVED
2024 AUG 28 PM 3:17
STATE
TAX DEPT. FLORIDA

K. HUNT

8/28/24

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$ 30.00

AUTHORIZATION SIGNATURE: _____

GaryyyProp LLC

L21000435414

BUSINESS (Name)

Document #.

☐ Walk in

☐ Pick up time _____

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy

☒ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ CORP

☐ LLLP

AMMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissociation or Resignation

☐ Merger

☐ Conversion

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ STATEMENT OF AUTHORITY

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Garyyy Prop 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:

Joseph Padula

Name of Person

Garyyy Prop LLC

Firm/Company

11555 windsor bay place

Address

wellington fl 33449

City/State and Zip Code

joe@instantcapital.net

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

For further information concerning this matter, please call:

joseph padula

631 605=2925
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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>
mbr	Manon Latreille,	2850 PALM DEER DRIVE	Add
		LOXAHATCHEE, FL 33470	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mbr	Juan Edgar Edwin Legorreta Lopez,	11555 windsor bay pl	<input type="checkbox"/> Add
		wellington fl 33449	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.)*

28 AM 9:54
FLORIDA
MASSSEE FL

E. Effective date, if other than the date of filing: _____ (optional)

(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 27, 2024

Signature of a member or authorized representative of a member

Joseph Padua

Typed or printed name of signee

Filing Fee: \$25.00