## 12/02/153/11/

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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  (Business Entity Name)  (Document Number)  Certified Copies Certificates of  Special Instructions to Filing Officer:	Address)
	City/State/Zip/Phone #)
	,
PICK-UP	WAIT MAIL
(E	Business Entity Name)
<del></del>	Daywood Niverbank
(L	occament Number)
Certified Copies	Certificates of Status
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Special Instructions to Fi	ling Officer:
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Office Use Only



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13/28/24

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

PLEASE USE FUNDS FROM THIS AC	CCOUNT: 120210000160: \$ <u>30.00</u>
AUTHORIZATION SIGNATURE: GaryyyProp LLC	Jan 4ul
DISPUTCE (A)	
BUSINESS ( Name)	Document #.
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication CORP LLLP	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissociation or ResignationMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign Filing
Fictitious Name	Limited Partnership Reinstatement
APOSTIL ( )	Trademark STATEMENT OF AUTHORITY
Country	
	EXAMINER'S INITIALS:

## **COVER LETTER**

TO:

Registration Section

Division of Co	orporations		
Garyyy Pi	rop LLC	-	
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	condence concerning this matte	r to the following:	
	Joseph Padula		
		Name of Person	<del></del>
	Garyyy Prop LLc		
		Firm/Company	
	11555 windsor bay place		
		Address	<del></del>
	wellington fl 33449		•
	<del></del>	City/State and Zip Code	
	joe@instantcapital.net		(C)
	E-mail address:	(to be used for future annual report not	tification)
For further information	concerning this matter, please o	eall:	FL 54
joseph padula		631 605=2925 at ()	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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 S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632	27	The Centre of 7	l'allahassee
Tallahassee,	rl 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Garyyy Prop LLC			
(Name of the Limited Liability (A Florida L	Company as it now appears on our recimited Liability Company)	cords.)	<del></del>
The Articles of Organization for this Limited Liability Con	npany were filed on 10/04/2021		_ and assigned
florida document number L21000435414			_ mid assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "L	.LC" or the abbrev	viation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	SS)		
			<u>;;;</u>
			7-1
nter new mailing address, if applicable:		· •	1
Mailing address MAY BE A POST OFFICE BOX)		:: :::::::::::::::::::::::::::::::::::	
		[H2)	<u> </u>
		一声	S.
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our records, <u>ent</u>	er the name of	the new regis
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addr	ess	
	, I	Tlorida	ip 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

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>	Address	Type of Action
mbr	Manon Latreille,	2850 PALM DEER DRIVE	Add
		LOXAHATCHEE, FL 33470	\BRemove
			□ Change
mbr Juan Edgar Edwin Legorreta Lopez	11555 windsor bay pl	□Add	
		wellington fl 33449	≣Remove
			□Change
			□Add
			Remove
			Change Change
			SST AMADIAN STANDARD
			☐
			□Change
		_	□Add
			□Remove
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ote: If the date in	iserted in this b	block does not	meet the app	licable statuto	ry filing require	ments, this date	will not b	e listed as
ocument's effective	e date on the I	Department of	State's recor-	ds.				
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record specifies a is filed.	delayed effecti	ve date, but no	n an effective	time, at 12:0	1 a.m. on the ea	rlier of: (b) Th	ne 90th day	y after the
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ated A	AU ST		·					
ated Av	40 ST	Signature of a	member or au	thorized repres	entative of a mem	ber		

Filing Fee: \$25.00