

L21000 472 297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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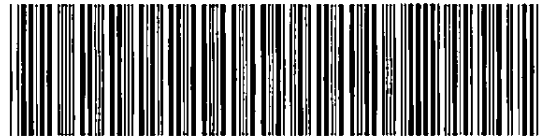
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

2023 OCT -2 PM 3:02

FILED

10/02/23--01005--014 \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 OCT -2 PM 2:51

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Gloria Company 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:

Sylvana Nogueira  
Name of Person

Aldano Group LLC  
Firm/Company

13640 North Kendall Drive #1016  
Address

Miami, FL 33186  
City/State and Zip Code

snbookkeeper@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sylvana Nogueira at (305) 874-0908  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

THE GLORIA COMPANY LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/03/2021 and assigned  
Florida document number L21000472297

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GLORIA COMPANY LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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: ALDANO GROUP LLC

New Registered Office Address: 14261 SW 120 Street #108-528

Enter Florida street address

MIAMI, Florida 33187

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

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>
AMBR		GLORIA FRANCESCA MIRANDA	<input type="checkbox"/> Add
		Cra 53 #79-103	<input type="checkbox"/> Remove
		Barranquilla, Colombia 080020	<input checked="" type="checkbox"/> Change
AMBR	ANDREA SOFIA JASSIR	Cra 53 #79-103	<input type="checkbox"/> Add
		Barranquilla, Colombia 080020	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	DANIELLA MARIA JASSIR	Cra 53 #79-103	<input type="checkbox"/> Add
		Barranquilla, Colombia 080020	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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**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.

Dated 09/18/2023 2023

Typed or printed name of signee