## 122000017705

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T. MATTHEWS FEB 24 2022

## **COVER LETTER**

	sion of Cor				
SUBJECT:	LP GAS PROFESSIONAL LLC				
(OB) IX		Name of Lim	ited Liability Company	<del></del>	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		SEGUNDO V. GONZALE	ΞZ		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	· · · · · · · · · · · · · · · · · · ·	
		LP GAS PROFESSIONAL	LLC		
		7.53.	Firm/Company	<del></del>	
		150 E 45TH ST			
			Address	<del></del>	
		HIALEAH, FL 33013			
			City/State and Zip Code		
		segun2008@hotmail.com E-mail address: (	to be used for future annual report notif	ication)	
For further in	formation co	oncerning this matter, please e			
SEGUNDO \	v. GONZAI	_EZ	786 370-0980		
Name of Person		f Person	Area Code Daytime	Telephone Number	
Enclosed is a	eheck for th	nc following amount:			
<b>■</b> \$25.00 F	iling 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)	
	ling Addressistration S		<u>Street Address:</u> Registration Sec	etion	
Division of Corporations		orporations	Division of Corporations		
	. Box 632 ahassee, F		The Centre of Tallahassee, FL	Street, Suite 810	



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LP GAS PROFESSIONAL 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 01/10/2022 \_\_\_\_ and assigned Florida document number L22000017705 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 "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A (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

## 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.

\_, Florida <u>\_\_</u>

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>	Type of Action
P	SEGUNDO V. GONZALEZ	150 E 45TH ST HIALEAH, FL 33013	□Add
			■Remove
			□Change
AMBR	SEGUNDO V. GONZALEZ	150 E 45TH ST HIALEAH, FL 33013	<b>=</b> Add
			□Remove
		<del> </del>	□Change
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is filed.	i delayed effective date, but	I not an effective time, a	1 12:01 a.m. on the ear	ter of: (b) The 90th day	after the
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