## L22000099071

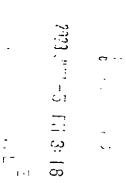
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:	Registration Sect Division of Corpo		•	,	
	GUFY PINC	HOS LLC			
SUBJEC	CT:	Name of Lim	ited Liability Company	<u></u>	
		mendment and fee(s) are sub	<u>-</u>		
		ROBERTO E COLON CA	ARABALLO		
		-	Name of Person	<del></del>	
		GUFY PINCHOS LLC			
			Firm/Company		
		318 OLD ENGLAND LO	OP		
			Address	·	
	SANFORD, FL 32771				
			City/State and Zip Code		
		E-mail address: (	to be used for future annual report not	ification)	
For furth	ner information cor	ncerning this matter, please co	nII:	C1 	
ROBER	TO E COLON CA	RABALLO	201 461-6983		
	Name of I	erson	at () Area Code Daytin	ne Telephone Number	
Enclosed	d 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 Sc Division of Co	ection	Street Address: Registration So		
	P.O. Box 6327		Division of Co The Centre of	Fallahassee	
	Tallahassee, FI	_ 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 02-242022 and assigned Florida document number 1.22000099071

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 "L.L.C."

Enter new principal offices address, if applicable:

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 add	ress
	City	FloridaZip Code

## New Registered Agent's Signature, if changing Registered Agent:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**GUFY PINCHOS LLC** 

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
MGR	SEGUI IRIZARRY, MORAYMA	318 OLD ENGLAND LOOPSANFORD, FL 32771	□Add
			Remove
			□Change
			□Add
			□Remove
			Change
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Filing Fee: \$25.00

Typed or printed name of signee