

L22000 115455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

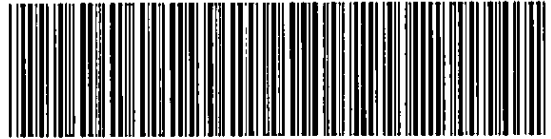
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800408014278

05/03/23--01013--006 **25.00

FILED
2023 MAY -3 PM 1:12
CLERK OF DISTRICT COURT
STATE OF FLORIDA

RECEIVED

R. HUNT

05/03/23

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: GY GOURMET HOT DOG AND BURGUERS 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:

GETZA YANIRA RAMOS RIVERA

Name of Person

Firm/Company

4900 CYPRESS GARDEN RD APT 47

Address

WINTER HAVEN, FL 33884

City/State and Zip Code

GYRAMOS3@GMAIL.COM

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

For further information concerning this matter, please call:

GETZA YANIRA RAMOS RIVERA

at (787) 515-1771
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

FILED
2023 MAY -3 PM 1:13
CLERK OF CIRCUIT COURT
JULIA S. SELLER, CLERK
TALLAHASSEE, FL

73

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

If Changing Registered Agent, Signature of New Registered Agent

1. *Journal of the American Medical Association*, 1990; 263: 1025-1028.

MGR = Manager

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2023 MAY -3 PM 1:13
CLERK OF STATE
TALLAHASSEE, 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 04/24, 2023

Getza Ramos

Signature of a member or authorized representative of a member

Getza Ramos

Typed or printed name of signee

Filing Fee: \$25.00