## Florida Department of State Division of Corporations Electronic Filing C

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **REPUESTOS GAG LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REPUESTOS GAG LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000125548	were filed on 03/28/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
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 a agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registered
		022 APR
Name of New Registered Agent:		5 7
New Registered Office Address:		2 50
	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.

City

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>	Name	Address	Type of Action
PRES	GABRIEL JOSE AGUILAR GONZALEZ	7901 4TH ST N, STE 300	□Add
		ST. PETERSBURG, FL 33702	□Remove
			⊠Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
		- Address - Addr	□Change
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Note: If the date insert	er than the date of filing:	5.0207 ( ted as t
record specifies a dela d is filed.	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
ated April 15	2022	
	Signature of a member or authorized representative of a member	
5.7		
Riley	-∕ark	

Filing Fee: \$25.00