## 122000139397

(Re	questor's Name)	
(Ad	ldress)	
	(dress)	
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(Cit	ty/State/Zip/Phon	e #)
☐ PICK-UP	☐ WAIT	□ MAII
No.K 6.	<b>—</b> •••••	
(Bu	isiness Entity Nar	me)
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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22 APR 22 AM 9: 01

T. MATTHEWS JUN 10 2022

## **COVER LETTER**

TO:		tration Section of Corp			
SUBJE		ONZALEZ	PEREZ. LLC		
SOBJE	C1: _		Name of Limi	ted Liability Company	
The enc	:losed A	unicles of A	mendment and fee(s) are sub-	nitted for tiling.	
Please r	eturn a'	li correspon	dence concerning this matter	to the following:	
			Aì	NGEL R GONZALEZ RIC	os
				Name of Person	
			GC	NZALEZ PEREZ, LLC	
				Firm/Company	
			538-	HOFFNER AVE SUITE	A
		Address			
		ORLANDO, FL 32812			
			<del></del>	City/State and Zip Code	
				angelrafael@yahoo.com	
			_	o be used for future annual re	port notification)
For furt	her info	ormation co	oncerning this matter, please ca	all:	
	ANGE	L R GONZ	ALEZ RIOS	484 895- at ()	8581
		Name of	Person	Area Code	Daytime Telephone Number
Enclose	ed is a c	heck for the	c following amount:		
<b>≡</b> \$23	5.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
		ng Address		Street Add	tress: ion Section
	_	stration S sion of Co	orporations	——————————————————————————————————————	of Corporations
		D 6202			ra of Tallaharraa

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

22 APR 22 AM 9: 01

GONZA	ALEZ PEREZ, LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears and Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	03/21/2022	and assigned
lorida document number 1.22000139397	<del></del> ;		
his amendment is submitted to amend the following:			
L. If amending name, enter the new name of the lin	nited liability company her	<u>:</u> :	
he new name must be distinguishable and contain the words "Li	mited Liability Company," the des	gnation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	PRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		- <u></u>	
	1 or 11		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ords, <u>enter the nam</u>	ne of the new regist
Name of New Registered Agent:	ANGEL R GONZ	ALEZ RIOS	
New Registered Office Address:	5384 HOFFNER	AVE SUITE A	
The Hongandied Strice Frontess.	Enter Florida street address		
	ORLANDO	, Florida	32812
	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.

f Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
			DAdd
			□Remove
			□ Change
			□Remove
			□ Change
			□Add
			□Rcmove
			□Change
			DAdd
			□Remove
			□Change
			□Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
(If an e Note	tive date, if other than the date of filing:  [Tective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
ne reco	ord 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 filed.
Dated	Signature of a member operation representative of a member
	Signature of a memoer or antiquezed representative of a memoer
	ANGEL R GONZALEZ RIOS  Typed or printed name of signee

Filing Fee: \$25.00