L22000 184 103

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2000)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Please Push to Sunbiz when filed.
when filed.
Thanks !!
J. HORNE
"UN 1 4 2022
Office Use Only



200389107642

06/14/22--01004--001 ★★25.00

ALI AHASSEE FLOR

2022 JUNITA PHII: 54

RECFIVED

COVER LETTER

Division of Corporations
SUBJECT: Guzman Auto Gode 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:
Del Gutman Rodriguet Name of Person William Company 2405 Davis St. Address Tampa, F.L. 33605 City State and 7 in Code
Tampa, F.L. 3.3605 City/State and Zip Code Joel Guzmo544(49mail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Yoel Guzman at (813) 362-3702 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee Sab.00 Filing Fee S
Mailing Address: Registration Section Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ART	ICLES OF ORGANIZATION	7. 8
	OF	SECONTE
	A 1 to 50 le	RETAIN OF PHI
The Articles of Organization for this Limited Li	ability Company were filed on <u>04/18/2</u>	022 and assigned
Florida document number <u>L 22000 / 8</u>	4103	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of CULMAN AU+C The new name must be distinguishable and contain the w Enter new principal offices address, if applie (Principal office address MUST BE A STREE	Soles L.C. Fords "Limited Liability Company," the designation "Liable:	LC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addre		er the name of the new registered
Name of New Registered Agent: New Registered Office Address:	1924 W COlumbus Enter Florida street add	_
	Tampa,	Florida 33607 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.

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 Address Type of Action Title Name Angr / Pzer Yorl Gutman Birtiguet 1904 W Columbus Drive and Tumpa, FL, 33607 Remove _____ □Remove _____ Change _____ □Remove _____ Change ______ □Remove _____ □Change _____ □Remove _____ □Change

_____ Change

_	
_	
-	
-	
-	
-	
_	
-	
-	
•	
-	
If an of Note:	tive date, if other than the date of filing:
e reco ord is f	rd 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 fled.
Dated	06/14/2022.
	Senarare of a member or authorized representative of a member