

L22000205372

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : RC TAX SERVICE LLC
Account Number : I20140000083
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2024 AUG 26 AM 3:09
STATE OF FLORIDA
TALLAHASSEE

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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
UNLIMITED G&S LLC

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K. SALY

AUG 27 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UNLIMITED G&S 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:

ELVIA CAROLINA PINZON MUSSO

Name of Person

UNLIMITED G&S LLC

Firm/Company

2919 BRIE HAMMOCK BEND

Address

SAINT CLOUD, FL 34773

City/State and Zip Code

ecarolinapinzon@gmail.com

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

For further information concerning this matter, please call:

ELVIA CAROLINA PINZON MUSSO

at (+)

941-763-36-71

Area Code

Daytime Telephone Number

Name of Person

Enclosed 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 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2024 AUG 26 AM 3:09
TALLAHASSEE, FLORIDA

UNLIMITED G&S LLC

(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 04/29/2022 and assigned
Florida document number L22000205372

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:

(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 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:

ENGERMANN MUSSO VEGAS

New Registered Office Address:

2919 BRIE HAMMOCK BEND

Enter Florida street address

SAINT CLOUD,

City

Florida 34773

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Engermann Musso Vegas	2919 BRIE HAMMOCK BEND	☒ Add
		SAINT CLOUD, FL 34773	☐ Remove
			☐ Change
AMBR	Elvia Carolina Pinzon Musso	2919 BRIE HAMMOCK BEND	☐ Add
		SAINT CLOUD, FL 34773	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Add
			☐ Remove
			☐ Change

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

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ST. LOUIS ST. CLAUDIO
FAL

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E. Effective date, if other than the date of filing: _____ (optional).
Must be prior to date of filing or more than 90 days after filing.

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)
If the date of filing is the date of the applicable statutory filing requirements, this date will not be listed as the

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 : 08/26/24

Signature

Signature of a member or authorized representative of a member.

ELVIA CAROLINA PINZON MUSSO

Typed or printed name of signee