Division of Corporations **Electronic Filing Cover Sheet**

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H240004050903ABCY

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC Account Number : I20140000083

Phone : (407)932-0040 Fax Number : (407)520-5473

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

Fmail	Address:			
CIIIGAA	AUUITESS:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNLIMITED G&S LLC

Certificate of Status	0
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Page Count	05
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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Se Division of Cor					
	ED G&S LLC				
SUBJECT:	Name of Limit	ted Liability Company		_ 	
The contract Ami'd a C	A 15 ()	in to st			
	Amendment and fee(s) are subr	-			
riease return air correspo	ndence concerning this matter t	o the following:			
	PINZON MUSSO, ELVIA	CAROLINA			
		Name of Person			
	UNLIMITED G&S LLC				
		Firm/Company			
2919 BRIE HAMMOCK BEND					
		Address			
	SAINT CLOUD, FL 34773				
	ECAROLINAPINZON@GI	City/State and Zip Code			
	•	o be used for future annual	report notification	<u>a)</u>	
For further information o	concerning this matter, please ca	dl:			
PINZON MUSSO, ELV	IA CAROLINA	+1 94 at ()	1 763 3671		
Name o	of Person	Area Code	Daytime Telep	hone Number	
Enclosed is a check for the		Des oo Elles Ess	p. (□ \$60.00 Filing Fee,	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is end		Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street A			
Registration Division of 0			ration Section on of Corporat		
P.O. Box 632			entre of Tallah		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNLIMITED G&S LLC

(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability C	w appears on our records.) ompany)	
The Articles of Organization for this Limited I Florida document number L22000205372	iability Company were file	d on 04/29/2022	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability com	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compa	ny," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		2021 SE
(Principal office address MUST BE A STREE	ET ADDRESS)		CR. PR
			HA PH ED
Enter new malling address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<u> </u>	超温 8
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office address of ss here: PINZON MUSSO, ELVI		ame of the new registered
New Registered Office Address:	2919 BRIE HAMMOCK	BEND	
The state of the s	Enter Florida street address		
	SAINT CLOUD	, Florida	34773
	City		Zip Code
New Registered Agent's Signature, if changing	· 		
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this	per and complete perform istered agent as provided registered office address	ance of my duties, and I ar for in Chapter 605, F.S. C	n familiar with and Or, if this document is
	ur	stered Agent, Signature of New	
	If Changing/Regi	stered 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>	Name	Address	Type of Action
AMBR	MUSSO VEGAS, ENGERMANN	2919 BRIE HAMMOCK BEND	□Add
		SAINT CLOUD, FL 34773	■Remove
			□Change
AMBR	Pinzon Musso, Elvia Carolina	2919 BRIE HAMMOCK BEND	∃ Add
		SAINT CLOUD, FL 34773	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
	•		Change
			□Add
			□Remove
			□ Change
			□ Add
			□ Change

If amending any other is					
			•		
					
					
					
					
					
				<u> </u>	
					<u>_</u>
			<u> </u>		
		<u>-</u>	· - · · · ·		
		_ _			
Note: If the date inserted i	nan the date of filing: _ date must be specific and can in this block does not meet on the Department of State	the applicable sta			
record specifies a delayed d is filed.	effective date, but not an	effective time, at 1	2:01 a.m. on the ear	lier of: (b) The 90th d	lay after the
Dated	2				
	4 / 2				
	Şignature of a men	iber or authorized re	presentative of a mem	ber	
	Elvia Caroli				

Filing Fee: \$25.00