L2266215600

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COVER LETTER

TO: Registration Section Division of Corporations

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GARDENIA ENTERPRISES OF SOUTH FLORIDA LLC
SUBJECT:

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:

Peter B. Weintraub

Name of Person

Weintraub & Weintraub P.A.

Firm/Company

7700 Congress Ave Suite 1110

Address

Boca Raton, FL 33487

City/State and Zip Code

pbw@weintraublawfirm.com

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

For further information concerning this matter, please call:

Peter B Weintraub 561 988-6411 at (_____) Area Code Daytime Telephone Number

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 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMEN TO ARTICLES OF ORGANIZATI	ON	D
OF	2022 DEC 21	A • • •
	LOLL DLU ZI	AM 10: 02
GARDENIA ENTERPRISES OF SOUTH FLORIDA LLC	on our records.) • .	
GARDENIA ENTERPRISES OF SOUTH FLORIDA LLC (<u>Name of the Limited Liability Company as it now appears o</u> (A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on $\frac{5/1/2}{2}$		and assigned
Florida document number L22000215600		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liability company here</u>	:	
The new name must be distinguishable and contain the words "Limited Liability Company," the desir	gnation "LLC" or the ab	breviation "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		
		6.1 · · · ·
B. If amending the registered agent and/or registered office address on our reco agent and/or the new registered office address here:	ords, <u>enter the nam</u>	e of the new regist
Name of New Registered Agent:		
		•
New Registered Office Address:		

Enter Florida street address

. Florida _

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.

City

-If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	RAMON CARABALLO	203 DIXIE BLVD	🖬 Add
		DELRAY BEACH, FL 33444	🗆 Remove
			□ Change
MGR	SHANE AMES	800 N OCEAN BLVD #5	🗆 Add
			Remove
			Change
			🗆 Add
			🗆 Remove
			□ Change
			🗆 Add
			🗋 Remove
			🗆 Change
	- <u></u>		🗆 Add
			🗌 Kemove
			□Change
			🗆 Add
			🗆 Remove
		·	🗋 Change

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

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E. Effect	ive date, if other than the dat	te of filing:	(optional)	
Note:	fective date is listed, the date must be If the date inserted in this block ient's effective date on the Depar	does not meet the applicable statuto	ing or more than 90 days after filing.) Pur ry filing requirements, this date will	suant to 605.0207 not be listed as
If the record record is fi		te, but not an effective time, at 12:0	La.m. on the earlier of: (b) The 90	th day after the
Dated	12/19/2022			

12/19/	/2022	
·		
	Signature of a member of authorized representative of a member	
Ra	amon Caraballo	

Typed or printed name of signee

Filing Fee: S25.00