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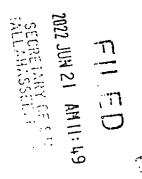
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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J. HORNE SEP 12 2022

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## **COVER LETTER**

TO: Registration So Division of Cor	ection porations			
GUAPE. LI SUBJECT:	LC		•	
SUBJECT:	· Name of Lim	ited Liability Company	•	
(0)				
	Amendment and fee(s) are sub	-		
Please return all correspo	indence concerning this matter	to the following:		
	RONALD HOLLIN			
		Name of Person	<del></del>	
		Firm/Company		
	3230 NW 198TH STREET	Γ		
		Address		
	MIAMI GARDENS, FLO	RIDA. 33056		
		City/State and Zip Code	<del>_</del>	
	r.hollin@yahoo.com	<del></del>		
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report no all:	tification)	
RONALD HOLLIN	<u>g</u>	954 347-9861		
Name o	f Person		me Telephone Number	
		•		
Enclosed is a check for th	ne following amount:	•		
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S		Street Address: Registration S	ection	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Moore	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GAUPE, LLC

Liability Company)			
y were filed on $\frac{5/9/2}{}$	and assigned		
	59		
hility company here	<u>r</u> :		
oility Company," the desi	ignation "L.L.C" or the abbreviation "L.L.C."		
3230 NW 198TH STREET			
MIAMI GARDENS FL 33056			
3230 NW 198TH	STREET		
MIAMI GARDENS FL 33056			
address on our rec	ords, enter the name of the new register		
Enter Floride	a street address		
	Florida		
	bility company here oility Company," the des 3230 NW 198TH MIAMI GARDEY  3230 NW 198TH MIAMI GARDEY		

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR ≛ Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□Remove
			□Change
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ffecti	ve date, if other	than the date of	f filing:		(opti	onal) r filing.) Pursuant to 605	5.0303.
an ene {ote:	If the date inserted	in this block does	s not meet the app	nor to gate of filing of t blicable statutory fili	nore man 90 days and ng requirements, thi	r ming.) Pursuant to 602 is date will not be list	ed as th
locume	ent's effective date	e on the Departmen	nt of State's recor	rds.			
		ed effective date, b	out not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b	o) The 90th day afte	r the
d is file	ed.						
,	MACH 22		2022				
Dated _	MACH, 22	<del>+</del>	2022	·			
	\ \ /		<b>———</b>				

Typed or printed name of signee