# L22000245521

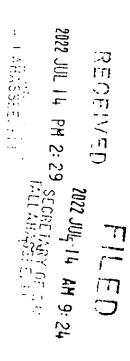
(Requestor's Name)		
(Address)		
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(Äddress)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J. HORNE		
JUL +5 2022		





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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Gorgo Holdings LL	C		
· · · · · · · · · · · · · · · · · · ·			
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
		*********	Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Ciantura			Fictitious Owner Search
Signature			Vehicle Search
<del></del>		<b>-</b>	Driving Record
Requested by: SETH	07/14		UCC 1 or 3 File
	$-\frac{07/14}{5}$		UCC 11 Search
Name	Date Ti	me	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

### **COVER LETTER**

TO: Registration 5 Division of Co				
OUR IDOOR	HOLDINGS, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	τ to the following:		
	Alex D. Sirulnik, Esq.			
		Name of Person		
	Alex D. Sirulnik, P.A.			
	······································	Firm/Company		
2199 Ponce de Leon Blvd., Suite 301		l., Suite 301		
		Address	<del></del>	
	Coral Gables, Florida 331	34		
	<del> </del>	City/State and Zip Code		
	ads@sirulniklaw.com			
		(to be used for future annual report not	ification)	
For further information of	concerning this matter, please of	all:		
Alex D. Sirulnik		305 443-7211		
Name of Person		at ()	ne Telephone Number	
Enclosed is a check for t	he 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction	
Division of C		Division of Cor		
P.O. Box 632		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY SECTOR	2022 JUL 15 AM 8:	TIME
	ين ن	)

Zip Code

GORGO HOLDINGS, LLC			<u> </u>
(Name of the Limite)	d Liability Compa A Florida Limited	nny as it now appears on our records.) Liability Company)	8: 30
The Articles of Organization for this Limited Lia Florida document number <u>L22000245521</u>	bility Company	were filed on May 26, 2022	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		253 NE 2nd Street, #4407	
(Principal office address MUST BE A STREET	Missel El 22122		
Enter new mailing address, if applicable:		253 NE 2nd Street, #4407	
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33132	
B. If amending the registered agent and/or regagent and/or the new registered office address	<u>here</u> :		e of the new registere
Name of New Registered Agent:	Alex D. Sirulnik, P.A.		
New Registered Office Address:	2199 Ponce de	Leon Blvd., Suite 301  Enter Florida street address	
	Coral Gables	Florida 33	134

#### 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 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>	Address	Type of Action
AMBR	DAVID RESTREPO, TR	253 NE 2nd Street, #4407	□Add
		Miami, FL 33132	□Remove
<del></del>			
			□Remove
			□Change
		<del> </del>	□Add
			ПRетоve
			Change
			□Add
		<del></del>	□Remove
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Effective date, if other than the date of filing:  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.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date valuement's effective date on the Department of State's records.	Pursuant to 605.0207 will not be listed as t
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The rd is filed.	90th day after the
Dated July 13 2022	
Signature of a member or authorized representative of a member	
Alex D. Sirulnik, Authorized Representative  Typed or printed name of signee	

### **COVER LETTER**

	P: Registration Section Division of Corporations			
GORGO HOLDINGS, LLC				
SUBJECT:Name of Limited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sui	bmitted for filing.		
Please return all corres	pondence concerning this matter	r to the following:		
	Alex D. Sirulnik, Esq.			
		Name of Person		
	Alex D. Sirulnik, P.A.			
Firm/Company				
2199 Ponce de Leon Blvd., Suite 301				
		Address		
•	Coral Gables, Florida 331	34		
		City/State and Zip Code	<del></del>	
	ads@sirulniklaw.com			
	E-mail address: (	to be used for future annual report not	ification)	
For further information	concerning this matter, please of	all:		
Alex D. Sirulnik		305 443-7211 at ()		
Name of Person		Area Code Daytin	ne 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 Addre Registration		<u>Street Address:</u> Registration Se	ection	
	Corporations	Division of Co		
P.O. Box 63	27	The Centre of T	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303