122000262860

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





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COVER LETTER

TO: Registration So Division of Cor					
	LAS BUSINESS LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MARIA MARTINEZ				
	· · · · · · · · · · · · · · · · · · ·	Name of Person			
	GABY SALAS BUSINES	SLLC			
		Firm/Company			
	5405 WATER ST				
		Address			
	NEW PORT RICHEY, FL	. 34652			
		City/State and Zip Code			
	director@sarahbeeacademy	to be used for future annual report no	-160		
For further information of	concerning this matter, please c		attreation)		
MARIA MARTINEZ		813 284-8611			
Name (of Person	at () Area Code Dayti	me 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)		
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection		
Registration Section Division of Corporations		Division of Co	Division of Corporations		
P.O. Box 632		The Centre of	Tallahassee oe Street, Suite 810		
Tallahassee,	LL 37314	2413 IN. IVIOIII	oe sacci, suite o to		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OND F SALAS DOSINESS LEC			
(Name of the Lim	ited Liability Compa	ny as it now appears on our rece liability Company)	ords.)
	(A Fronda Emilied I	machiny company)	3. Table 1.
The Articles of Organization for this Limited I	Liability Company	were filed on FLORIDA	and assigned
Florida document number L22000262860	, ,		
Torida document number	·		
his amendment is submitted to amend the fol	llowing:		
a. If amending name, enter the new name	of the limited liab	ility company here:	
GABY SALAS BUSINESS LLC			
he new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5405 WATER ST, NEW PC	ORT RICHEY FL 34652
Principal office address MUST BE A STRE			
Tricipal office address MOST BE A STRE	LI ADDKLSSJ	···	* .=.
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	E BOX)		
3. If amending the registered agent and/or	registered office	addrace on our rocords, ant	car the name of the new register
gent and/or the new registered agent and/or	4,7	idaress on our records, <u>em</u>	er the name of the new register
	 -		
Name of New Registered Agent:	DEYVEN SAL	AS	
Name of New Registered Agent.			
New Registered Office Address:	18946 PARAPI		
		Enter Florida street add	ress
	LAND O LAK	ES	Florida <u>34638</u>
		City	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

CADVICAL AS DISSINGS LLC

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.

f 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
MGR	DEYVEN SALAS	18946 PARAPET PL	■Add
		·	□Remove
			Change
			□Add
			□ Remove
			☐ Change
			□Add
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ctive date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior	1	(optio	nal)
e: If the date inserted in this block does not meet the appl	icable statutory filin	ng requirements, this	date will not be list
ument's effective date on the Department of State's record	ls.		
			m 0011 A
ord specifies a delayed effective date, but not an effective filed.	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day afte
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, AUGUST 01 2022			
ed .	——X III		
ed	N : M		
Signature of a member or au			

Filing Fee: \$25.00