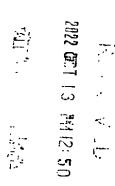
L2200395078

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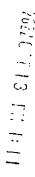
Office Use Only



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10/13/22--01003--012 **75.00



C/10/13/2022

COVER LETTER

TO:

Registration Section Division of Corporations

GEMSER I SUBJECT:	LLC		
SOBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RAVELO, MIRYAM		
		Name of Person	
	GEMSER LLC		
		Firm/Company	
	III E MONUMENT AVE	E, SUITE 412	
		Address	· •
	KISSIMME, FL 34741		
		City/State and Zip Code	_
	miryamraveloromero@gma	iil.com	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
RAVELO, MIRYAM		+51 953769608	8
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he 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 9		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, FL 32314		2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 COT 13 FT 1:11

d assigned
n "L.L.C."
n "L.L.C."
n "L.L.C."

new register
'ode

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>	<u>Address</u>	Type of Action
AMBR	ENCISO, RAYSHA R		□Add
		111 E MONUMENT AVE, SUITE 412, FL 34741	■Remove
			□Change
AMBR	ENCISO RAVELO, SCARLETH	111 E MONUMENT AVE, SUITE 412, FL 34741	= Add
			□Remove
			□Change
	···		□Add
			□Remove
			□Change
			□Add
		-	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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Note:	ive date, if other than the date of filing:
the recorcord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	10/04/2022
	Signature is a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00