# LZZ000475Z31

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## **COVER LETTER**

Division of Corporations
SUBJECT: GEMS, LLC
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:
HECTOR DE LA GUARDIA  Name of Person
GEMS, LLC Firm/Company
6019 SW 35+6 STREET Address
MIAMI, FL 33155  City/State and Zip Code
eccle la quardia a gmail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RISTINA DE LA GUARDIA al 786, 262.4379  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Signature

## Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEMS,	LLC	
(Name of the Limi	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
	Liability Company	were filed on 11 04/2022 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liab	pility company here:
C TAILS MI	ANII L	-LC
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	6019 SW 35th STREET MIAMI FL 33155
(Principal office address MUST BE A STREI	ET ADDRESS)	MIAMI FL 33155
Enter new mailing address, if applicable:		6019 SW 35th STREET MIAM, FL 33155
(Mailing address MAY BE A POST OFFICE BOX)		MIAM, FL 33155
		15.7
B. If amending the registered agent and/or agent and/or the new registered office addre	<del></del> -	address on our records, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	6019	SW 35 +5 STIZETET  Enter Florida street address
	MIAV	City, Florida 33155

#### 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.

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
<u> MGR</u>	CRISTINA DE LA GUARDIA	6019 SW 35 th ST. Miami Fi	XAdd
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fan ef Note:	ive date, if other than the date of filing:
record rd 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.
)ated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
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