# L22000480728

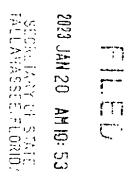
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ed Copies Certificates of Status
tial Instructions to Filing Officer:

Office Use Only

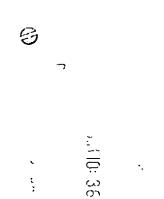
A. RIVERS



200398240302



01/20/23--01007--017 \*\*60.00



# **COVER LETTER**

Division of Corp			
BJECT: The	Gonzalez 5 Inv	estment Group ed Liability Company	Llc_
enclosed Articles of A	Amendment and fee(s) are subn	atted for filing,	
se return all correspor	idence concerning this matter to	o the following:	
	Juan J.	Genzalez Biza	<u> 50</u>
	The Gonza	alez S Investme	of Group
	8030 019	Kings Kd #	58
	Jacksonvill	e FL 3aa17 City/State and Zip Code	
	the gonzaleze	s'investment as op be used for future annual report notific	Camail.com
auther information co	oncerning this matter, please ca	II:	
Juan J. Do.	orizalez Bizoso Person	at ( <u>904</u> ) <u>888 – D</u> Area Code Daytime	Telephone Number
osed is a check for th	e following amount:		
\$25,00 Filmg 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 Address: 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

## . w Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the syssions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and put the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is against a merely reflect a change in the registered office address, I hereby confirm that the limited liability appany has been notified in writing of this change.

Enter Florida street address

Florida

. amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added ...removed from our records:

`.GR = Manager MBR = Authorized Member

(t <u>e</u>	<u>Name</u>	Address	Type of Action
MGR	Harta Cecilia	8030 Old Kings Rd 9	🗆 Add
Del Valle	Del Valle	#58 Jacksonville FL	□Remove
		32217	Change
		□Add	
			□Remove
			□Change
			□Add
		<del> </del>	□Remove
			DChange
		,	□Add
			□Remove
			□Change
			□Add
		<del>*</del>	Remove
			□Change
		<del></del>	□Add
			□Change

_	
_	
_	
_	
_	
_	
_	
_	
-	
<u>ore:</u> [	we date, if other than the date of filing:
record is file	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 ed.
ned_	1/6/23
	Signatuse of a member of authorized representative of a member