

L22000519358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

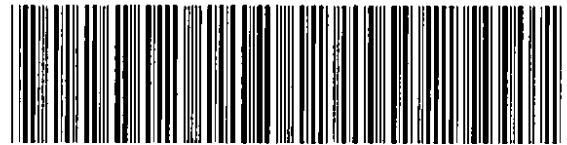
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

4085

Office Use Only



400434634194

08/16/24--01031--013 \*\*35.00

ECT 9/24/24

24 SEP 24 11:30:06  
ALL BUS. ENT. FILING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gorka Aldazabal 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:

Gorka Aldazabal  
Name of Person

Ubilla LLC  
Firm/Company

650 Tennis club dr Apt 110  
Address

Fort Lauderdale / Florida 33311  
City/State and Zip Code

Gorka.gkgroup@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gorka Aldazabal at (954) 515 8174  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 11, 2024

Typed or printed name of signee

**Filing Fee: \$25.00**