L2300017682

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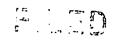
TO: Registration Se Division of Cor			
GUGO LL	С		
SUBJECT:	Name of Lin	uited Liability Company	· · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	AARON GUZMAN		
		Name of Person	
		Firm/Company	
	12919 SUNSTONE AVE	NUE APT 8309	
		Address	 -
	ORLANDO, FL 32832		
	SNBOOKKEEPER@GMA		
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report notifi all:	cation)
AARON GUZMAN		305 8740908	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sect	tion
Division of C	Corporations	Division of Corp	orations
P.O. Box 632	17	The Centre of Ta	illahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 HAR 20 AH 11: 13 **GUGO LLC** (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/09/2023}{1}$ and assigned Florida document number L23000017682 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 12919 SUNSTONE AVENUE APT 8309 Enter new principal offices address, if applicable: ORLANDO, FL 32832 (Principal office address MUST BE A STREET ADDRESS) 12919 SUNSTONE AVENUE APT 8309 Enter new mailing address, if applicable: ORLANDO, FL 32832 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Citv

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>	Address	Type of Action
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vote:	ive date, if other than the date of filing:
record	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 ed.
ıs fil	
d is fil	03/10/2023
d is fil	Chara Cozma
d is file	Signature of a member or/authorized representative of a member