

# L23000070387

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

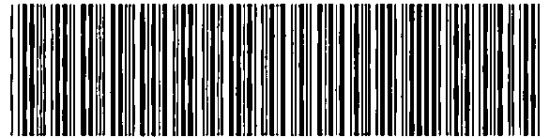
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE FL

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GF PIZZERIA SAWGRASS 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:

RAFAEL CARLOT

Name of Person

Firm/Company

3455 N HIATUS RD

Address

SUNRISE, FL 33351

City/State and Zip Code

rafagfnpizza@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL CARLOT

786

973-9598

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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

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2006 JAN 11 AM 10:07

STATE OF FLORIDA  
TALLAHASSEE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

G F PIZZERIA SAWGRASS 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 02/15/2023 and assigned  
Florida document number L23000070387.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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*

Florida

*City*

*Zip Code*

**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 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>                           | <u>Type of Action</u>                      |
|--------------|-------------------|--|--|
| AMBR         | LUIS RODRIGUEZ    | 14710 FELLS LN ORLANDO, FLORIDA 32827    | <input type="checkbox"/> Add               |
|              |                   |  | <input checked="" type="checkbox"/> Remove |
|              |                   |  | <input type="checkbox"/> Change            |
| AMBR         | GELM HOLDINGS LLC | 9693 ENGLISH LAUREL CT ORLANDO, FL 32827 | <input checked="" type="checkbox"/> Add    |
|              |                   |  | <input type="checkbox"/> Remove            |
|              |                   |  | <input type="checkbox"/> Change            |
|              |                   |  | <input type="checkbox"/> Add               |
|              |                   |  | <input type="checkbox"/> Remove            |
|              |                   |  | <input type="checkbox"/> Change            |
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|              |                   |  | <input type="checkbox"/> Remove            |
|              |                   |  | <input type="checkbox"/> Change            |

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JAN 11 2024  
CLERK OF DISTRICT COURT

2024 JAN 11 AM 10:00  
UNITED STATES  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C.

2021 JAN 11 AM 10:08  
ST. LOUIS  
ST. LOUIS

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**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 OCTOBER, 10 2023

RAFAEL CARLOT

**Filing Fee: \$25.00**