Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AT PLUS CORP

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LA GUGUCERA LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA GUGUCERA LLC	
(Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company were filed on 04/03/2023	and assigned
Florida document number 1.23000166112	and assigned
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	
Enter new principal offices address, if applicable:	or the appreviation "L.L.C."
(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:	202
Name of New Registered Agent:	3 AU 24
New Registered Office Address:	1 F28
Emer Florida su cet addres	" 10 OVE
——————————————————————————————————————	orida
New Registered Agent's Signature, if changing Registered Agent:	- Con

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 heing 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

Title	Name	Address	Type of Action
AMBR	MARIA I. GONBALEZ DE ARNAL	3004 NW 130TH TERRACE APT 160	
		SUNRISE FL 33323	🗆 R e move
			□Change
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