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Office Use Only



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2023 E.T. 18 FE 2: FO

COVER LETTER

TO:

TO: Registration Division of C					
Gwynco SUBJECT:	CLC				
SUBJECT:	Name of Lim	aited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	unitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	Connor McClugage				
		Name of Person			
	Gwynco LLC			, F-3	
		Firm/Company			
	2048 Wesbitt Ave				
		Address		<u>့</u>	
	Spring Hill, Fl 34608			72	
	conmacnie@gmail.com	City/State and Zip Code to be used for future annual report noti	Carlian	, 0	
For further informatio	n concerning this matter, please c		nearon		
Connie McClugage		813 401-8484			
Nam	e of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check fo	r the following amount:				
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified (S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
P.O. Box 6	n Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 81	0	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our records.) d Liability Company)	
ny were filed on April 13, 2023	and assigned
ability company here:	
bility Company," the designation "LLC" c	or the abbreviation "L.L.C."
 	
ling address MAY BE A POST OFFICE BOX)	
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e address on our records, <u>enter th</u>	
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	pany as it now appears on our records.) d Liability Company) ny were filed on April 13, 2023 ability company here: bility Company." the designation "LLC" of the address on our records, enter the Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

Common 11C

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Connor McClugage	2048 Wesbitt Ave Spring Hill, FL 34608	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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Please note (unstance.	and	Connor	are	the	Same	person.
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ective date, if other than the effective date is listed, the date mu	e date of filing:	not be prior to	a date of filing or	more than	(e	optional)	Pursuant to 605 02
e: If the date inserted in this bument's effective date on the I	lock does not meet	the applica	ble statutory fili	ng requi	rements	this date	will not be listed
cord specifies a delayed effecti s filed.	ve date, but not an e	ffective tin	ne, at 12:01 a.m	. on the c	earlier o	f: (b) The	e 90th day after th
May fifteenth	20)23					
			_				

Typed or printed name of signee