L23000283488

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COVER LETTER

SUBJECT: Subject	
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:	
Please return all correspondence concerning this matter to the following:	
MADI DIDIS VEDA	
WARLEIDIS VERA	
Name of Person	
GERENCIA FINANCIERA PRO, LLC.	
Firm/Company	
4997 CASON COVE DR. APT 118	
Address	
ORLANDO, FL, 32811	
City/State and Zip Code	
INFO@GERENCIAFINANCIERAPRO.COM	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
MARLEIDIS VERA 407 289-6146	
at (
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee Scrifficate of Status Certificate of Status Cert	of Status &
Mailing Address: Registration Section Street Address: Registration Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 816)

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GERENCIA FINANCIERA PRO, LL		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab lorida document number L23000283488		and assigned
his amendment is submitted to amend the follow		
a. If amending name, enter the new name of th	he limited liability company here:	
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
3. If amending the registered agent and/or reg	gistered office address on our records, <u>enter th</u>	e name of the new regi
ngent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:	here:	

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 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
AMBR	MARLEIDIS VERA	4997 CASON COVE DR, APT 118	🗀 Add
		ORLANDO, FL, 32811.	□ Remove
AMBR FE	FELIX GARCIA	6045 OAKBEND ST, APT 1209	
		ORLANDO, FL, 32835.	
			Change
			□Add
			Remove
			Change
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iote:	ive date, if other than the date of filing:
recor I is fi	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 led.
ated	October 18 2024 Telix Gorca
	Signature of a member or authorized representative of a member
	MARLEIDIS VERA - FELIX GARCIA

Filing Fee: \$25.00