L23000326205

(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
(Only-states Liph Halle h)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Leavusting to Filing Officer
Special Instructions to Filing Officer:
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COVER LETTER

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SUBJECT:		oldings Group 1505, LLC					
source.		Name of Lin	nited Liability Company				
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing				
		ondence concerning this matter	_				
		Omayra Guedes					
			Name of Person				
			Firm/Company				
		12822 SW 184 Terrace					
			Address				
		Miami, FL 33177					
		admin@rockandroselandsc	City/State and Zip Code apes.com to be used for future annual re				
For further i	nformation c	oncerning this matter, please c		port notification)		
Omayra Guedes		305 4 84-	4466				
Name of Person			Area Code	Daytime Telepl	none Number		
Enclosed is	a check for tl	he following amount:					
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo.		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	iling Addres		Street Add Registrat	Iress: ion Section			
Di	vision of C	Corporations	Division	of Corporati			
P.0	D. Box 632	2.7	The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Guedes Holdings Group 1505, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 07/10/2023	and assigned
Florida document number 1.23000326205	_ :	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ted liability company here:	
		26?
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	0
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		13
nter new mailing address, if applicable:		·
• • • • • • • • • • • • • • • • • • • •		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	office address on our records, enter the	name of the new register
gent and/or the new registered office address here:	office address on our records, enter the	name of the new register
Name of New Registered Agent:		-
Navy Pagistared Office Address	-	
New Registered Office Address:	Enter Florida street address	
	, Florid	la

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>	Address	Type of Action
AMBR	Omayra Guedes	12822 SN 184 TERR.	🗆 Add
		MIAMI, FL 33177	□Remove
			\(\overline \)Change
AMBR	Abel Guedes	12822 SW 184 TERR.	□Add
		MIAMI, FL 33177	🗆 Remove
			= Change
			□Add
			□Remove
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September 25, 2023

OMAYRA GUEDES 12822 SW 184 TERRACE MIAMI, FL 33177 US

SUBJECT: GUEDES HOLDINGS GROUP 1505, LLC

Ref. Number: L23000326205

We have received your document for GUEDES HOLDINGS GROUP 1505, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing officer's addresses.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 823A00022096

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