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

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

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

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

PICK-UP     WAIT     MAIL

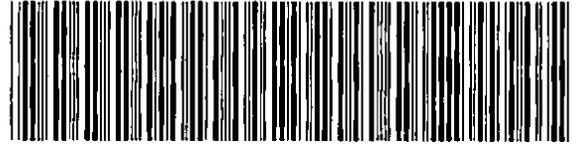
\_\_\_\_\_  
(Business Entity Name)

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

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FD-204*

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 29, 2024

ELIZABETH  
22942 SEASPRAY PL  
BOCA RATON, FL 33428

SUBJECT *Gasca Services LLC*  
Ref. Number: L23000 *559:729*

We have received your document for *Gasca Services* and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a , but your entity is a . Please complete and return the enclosed blank form(s).

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) 245-6050.

Kiora Hester  
Regulatory Specialist II

Letter Number: 324A00006766

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*Rec 4/16*



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

Gasca Services 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 12/20/2023 and assigned Florida document number 1.23000559729.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Gasca Services LLC

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:**

22942 Seaspray PL

(Principal office address MUST BE A STREET ADDRESS)

Boca Raton, FL 33428

**Enter new mailing address, if applicable:**

22942 Seaspray PL

(Mailing address MAY BE A POST OFFICE BOX)

Boca Raton, FL 33428

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**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:

Elizabeth Gasca Franco

New Registered Office Address:

22942 Seaspray Pl

*Enter Florida street address*

Boca Raton

Florida

33428

*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

Title                      Name    Address    Type of Action

\_\_\_\_\_                      \_\_\_\_\_    \_\_\_\_\_     Add

\_\_\_\_\_                      \_\_\_\_\_    \_\_\_\_\_     Remove

\_\_\_\_\_                      \_\_\_\_\_    \_\_\_\_\_     Change

\_\_\_\_\_                      \_\_\_\_\_    \_\_\_\_\_     Add

\_\_\_\_\_                      \_\_\_\_\_    \_\_\_\_\_     Remove

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\_\_\_\_\_                      \_\_\_\_\_    \_\_\_\_\_     Add

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