L24000008475

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то:	Registration Sc Division of Cor			
			V GARAY LLC	
SUBJE.	CT:	Name of Lim	nited Liability Company	
		Amendment and fec(s) are sub	-	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		ERD	ICK Y GARAY ANGELES	
			Name of Person	
			Firm/Company	
		Address		
		HOMESTEAD, FL 33033		
			City/State and Zip Code	
		(GOGLETH2020@GMAIL.COM	
		E-mail address: ((to be used for future annual report notification)	
For furt	her information c	oncerning this matter, please ca	rall:	
ERIO	CK Y GARAY A	NGELES	919 292 5181 at ()	
	Name o	f Person	Area Code Daytime Telephone Number	
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy of tadditional copy to the copy of t	
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, H	Section Torporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TEW GARAY LLC	
(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited I Florida document number <u>L24000008475</u>	Liability Company were filed on 01/03/2024	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name (</u>	of the limited liability company here:	
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 appli	cable:	
(Principal office address MUST BE A STRE.	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on our records, enter the na	ume of the new registered
Name of New Registered Agent:	ERICK Y GARAY ANGELES	
New Registered Office Address:	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing		TALL
provisions of all statutes relative to the pro_{l} accept the obligations of my position as reg	red agent and agree to act in this capacity. I further a per and complete performance of my duties, and I ar distered agent as provided for in Chapter 605, F.S. Coregistered office address, I hereby confirm that the schange.	n fantition was and)r. if his document is

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>	Name	Address	Type of Action
MGR	ERICK Y GARAY ANGELES	16505 SW 295 STHOMESTEAD, FL 33033	■Add
			□Remove
			🗆 Change
MGR	ERICK Y ANGELES GARAY	16505 SW 295 STHOMESTEAD, FL 33033	🗆 Add
			■Remove
			ElChange
			🗆 Add
			□ Remove
			Change
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			□Change
			Change Change Change Change
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te: If the date inserted i	n this block does n	ot meet the appli	cable statutory fil		filing.) Pypuan⊞605.020 s date - Thot belisted a
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cord specifies a delayed s filed.	effective date, but	not an effective	time, at 12:01 a.m	, on the earlier of: (b) The Sym-day after the
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		r = III			
	Signature	Europe or and	iorized representati	ve of a member	