

L24000081329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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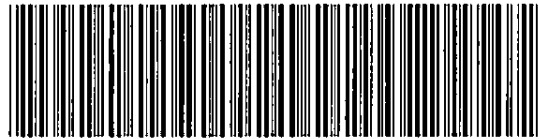
(Business Entity Name)

(Document Number)

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STATE OF TEXAS
COUNTY OF DALLAS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L.L. GAMEZ HOME SOLUTIONS LLC

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:

LEOBYS DE LA CRUZ GAMEZ

Name of Person

L.L. GAMEZ HOME SOLUTIONS LLC

Firm/Company

3146 VICTORIA PARK RD APT 6

Address

JACKSONVILLE FL 32216

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEOBYS DE LA CRUZ GAMEZ

904 209-7098
at () Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2024 MAR 11 PM 1:17
STATE OF FLORIDA
TALLAHASSEE

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

L.L GAMEZ HOME SOLUTIONS 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 02/14/2024 and assigned
Florida document number L24000081329.

This amendment is submitted to amend the following:

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

N/A

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:

3530 VICTORIA PARK RD APT 6

(Principal office address MUST BE A STREET ADDRESS)

JACKSONVILLE FL 32216

Enter new mailing address, if applicable:

3530 VICTORIA PARK RD APT 6

(Mailing address MAY BE A POST OFFICE BOX)

JACKSONVILLE FL 32216

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
ABMR	ROBERT BARRY GROSS	7911 N UPPER RIDGE DR PARKLANO FL 33067	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LEOBYS DE LA CRUZ GAMEZ	3530 VICTORIA PARK RD APT6	<input type="checkbox"/> Add
		JACKSONVILLE FL 32216	<input type="checkbox"/> Remove
		ADDRESS CHANGE	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I WANT TO ADD NEW ABMR COMPANY MEMEBER ,AND I WAN TO CHANG TE MGR ADDRESS

AND CHANGE THE COMPANY PHYSICL AND MAILING PRINCIPAL ADDRESS

E. Effective date, if other than the date of filing: 02/14/2024 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 03/04/2024



Signature of a member or authorized representative of a member

LEOBYS DE LA CRUZ GAMEZ

Typed or printed name of signee

Filing Fee: \$25.00