## L34000101545

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## **COVER LETTER**

TO:	Registration Sect Division of Corpo			
SUBJI	ест:222	32 Gould Name of Line	S LLC ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		Janot	Prieto Name of Person	
		22232	GOULDS LUC Firm/Company	
		12973	SW 112 St +	+310
		miami	F1. 33186 City/State and Zip Code	
			to be used for future annual report notifi	
For fur	ther information con	cerning this matter, please c	all:	
	Janet 7 Name of P	,	at (786) 208 ( Area Code Daytime	e 562 : Telephone Number
Enclos	ed is a check for the	following amount:		-
TK \$2	5.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22232 GOU	1ds LLC
(Name of the Limited Liability (A Florida I.	Company as it now appears on our records.) imited Liability Company)
	mpany were filed on $02/27/2024$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
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 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>	Type of Action
Mar	Javier Torres	13230 SW 132 ave #10 miami, Fl 33186	□AddRemove
			DRemove
Mgr.	Jaret Torres	13230 SW 132 ave	🗆 Add
		#10 miami, fl 33186	Remove
			□ Change
			□Add □Remove
			□Add
			□Remove
			□Change
			□Add □Remove
			□ Change
			□Add
			□Remove
			□ Change

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fectiv	e date, if other than the date of filing:
<u>ote:</u> II	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
eumer	nt's effective date on the Department of State's records.
ecord is filed	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 L.
1	May 17 . 2024.
ea	
	- Retiruto
	Signature of a member or authorized representative of a member
	Jaret Prieto Typed or printed name of signee