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24 MAY 13 PH 1: QQ

## **COVER LETTER**

**Régistration Section**Division of Corporations

TO:

SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	ARANZAZU VEGAS AL	onso	
		Name of Person	
	GAVE HOME FRIENDS I	LLC	
		Firm/Company	_ <del></del>
	8151 NW 104TH AVE AP	T 28	
		Address	
	DORAL, FL 33178		
		City/State and Zip Code	
	aranvegas77@gmail.com		
	E-mail address: (	to be used for future annual report noti	ification)
For further information co	oncerning this matter, please ca	all:	
ARANZAZU VEGAS A	LONSO	786 5770191	
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for th	ne 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 Addres		Street Address:	<b>4</b> *
Registration S		Registration Se Division of Co	
Division of C P.O. Box 632		The Centre of	
Tallahassee,			pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAVE HOME FRIENDS LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record lability Company)	<u>(s.</u> )
he Articles of Organization for this Limited Liability Company	were filed on03/01/2024	and assigned
lorida document number 1.24000107733		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		24
Enter new mailing address, if applicable:		SSE G
Mailing address MAY BE A POST OFFICE BOX)	<u></u> _	THE TO
		O.T
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	<del></del>	
	Enter Florida street addre.	SS
		lorida
	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, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ANTONINO GALOTA	8151 NW 104TH AVE APT 28 DORAL FL 33178	<b>=</b> Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change

Effective date, if other than the date of filing:  04/25/2024  (optional)  (op		<u> </u>	·				<del>-</del>
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