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(Requestor's Name)
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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Cor	ection porations		•	
GUTYMO)				
SUBJECT:	Name of Lim	ited Liability Company	- 13 t - 1	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LIVIU C PAPUC			
		Name of Person	<del></del> -	_
	·-	Firm/Company		2021 SEI
	5095 MADISON LAKES	CIR E		ARR CREW
	DAVIE, FL 33328	Address		5 X X X X X X X X X X X X X X X X X X X
	liviu.papuc72@gmail.com	City/State and Zip Code		2024 APR 10 AM 8: 11 SECRETARY SESTEL
		to be used for future annual report no	otification)	
	oncerning this matter, please co			
LIVIU C PAPUC		954 589-8313 at ()		
Name o	f Person	Area Code Dayt	ime Telephone Numbe	:r
Enclosed is a check for the	ne following amount:			
\$2 \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	ate of Status &
Mailing Address Registration 9	Section	Street Address: Registration S		
Division of C P.O. Box 632		Division of C The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GUTYMONDO LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records. ited Liability Company)	)
The Articles of Organization for this Limited Liability Comp	any were filed on 03/15/2024	and assigned
Florida document number 1.24000131043		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC"	or the abbreviation 3L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registered off	ice address on our records, enter t	he name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	City	Zin 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
MGR	JARAMILLO, JULIAN A	5095 MADISON LAKES CIR E	□Add
		DAVIE, FL 33328	≣Remove
			☐Change
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ective date, if other than the reffective date is listed, the date mute: If the date inserted in this bouncht's effective date on the D	st be specific and cannot be prior to date of fi lock does not meet the applicable statute	(option ling or more than 90 days after fi ory filing requirements, this o	ling.) Pursuant to 60	5.020 ted as
			The OOth doct of	er the
cord specifies a delayed effectives filed.	ve date, but not an effective time, at 12:0	H a.m. on the earlier of: (b)	The 90th day and	
s filed.  APRIL 5	2024		The 90th day and	
s filed.  APRIL 5	2024		The 90th day and	
s filed.  APRIL 5			The 90th day and	

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Filing Fee: \$25.00