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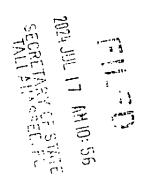
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Special Instructions to Filing Officer:





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## COVER LETTER

TO: Registration Se Division of Co				
SUBJECT:	Gaulanart	LLC		
		ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jose Ferna	ndo Gavilan Name of Person		
		Firm/Company	ان کاب. کاب.	2024 JUL
	16802 SV	V 143rd PL Address		
	Mani	FL, 33177 City/State and Zip Code	; '	· 图 0 56
	gavile	an fg@gmall. Cov to be used for future annual report notif	~	Time of the second
For further information of	concerning this matter, please c	·	ricationy	
	General General	/	3656931 e Telephone Number	_
Enclosed is a check for the	he 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 Certificate of Certified Cop (additional copy	Status &
Mailing Addres	ze.	S44 A d.J		

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

Gavilan	art LLC	
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>レマリのの(3</u> 486		03/19/24 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	200
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		ACT STATE OF THE S
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our re	cords, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	da 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.

ii amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person ocing added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Jose F. Gaulan	16802 SW 143 rd PL MIANNI, FL 33177	ÖXÁdd
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07/11/2024	
Signature of a member or authorized representative of a member	
Tose Fernando Gaulan Typed or printed name of signee	