

7/10/24 3:26 PM

Division of Corporations

L24000162586

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H240002347073)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ALC CONSULTING SERVICES INC
Account Number : 123200000139
Phone : (407)801-1529
Fax Number : (407)386-6503

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: aguilarcarlosarmando2251@gmail.com

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2024 JUL 15 AM 11:30
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GORILLAS STEEL FRAMING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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K. SALY

JUL 15 2024

COVER LETTER

(((H24000234707 3)))

TO: Registration Section
Division of Corporations

SUBJECT: GORILLA'S STEEL FRAMING 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.

LORENA C RIOS

Name of Person

ALC CONSULTING SERVICES INC dba ALC TAX & ACCOUNTING

Firm Company

520 NORTH SEMORAN BLVD STE 255

Address

ORLANDO, FL 32807

City/State and Zip Code

AGUILARCARLOSARMANDO2251@gmail.com

Email address to be used for future annual report notifications

For further information concerning this matter, please call:

LORENA C RIOS

307 362-8056

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$50.00 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

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

(((H24000234707 3)))

GORILLA'S STEEL FRAMING 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 04-05-2024 and assigned
Florida document number L24000162586

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:

(Principal office address MUST BE A STREET ADDRESS)

411 TALISI LOOP

SAINT CLOUD, FL 34771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

411 TALISI LOOP

SAINT CLOUD, FL 34771

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:

N/A

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

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CARLOS ARMANDO AGUILAR MENDOZA	7901 4TH ST N STE 300	☐ Add
		ST. PETERSBURG, FL 33702	☒ Remove
			☐ Change
AMBR	CARLOS ARMANDO AGUILAR MENDOZA	411 TALISI LOOP	☒ Add
		SAINT CLOUD, FL 34771	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Add
			☐ Remove
			☐ Change

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CLERK OF COURT
HILLO
JUL 15 2024

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

EMPLOYER IDENTIFICATION NUMBER (EIN): 99-2454177

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 07-15-2024 BY 60322

E. Effective date, if other than the date of filing: _____ (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 JULY 10TH 2024

Carlos Armando Aguilar Mendoza
Signature of a member or authorized representative of a member

CARLOS ARMANDO AGUILAR MENDOZA

Typed or printed name of signer

(((H24000234707 3)))

Filing Fee: \$25.00