## 124000218962

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## **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

Tallahassee, FL 32314

GILMA CARMONA R.E. LLC SUBJECT: 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: Gilma Carmona Name of Person Firm/Company 1995 SE 34 ST Address OCALA, FL 34471 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gilma Carmona Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: **Street Address:** Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GILMA CARMONA R.E. LLC		2024.
	pility Company as it now appears on our reco	rds.)
(A Flor	rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 05/10/2024	ෆූ - ස and assig <u>m</u> ed
Florida document number L24000218962		ന- ഇ
This amendment is submitted to amend the following:		C. 75
A. If amending name, enter the new name of the li-	mited liability company here:	
Gilma Carmona, LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		<del></del>
	Enter Florida street addr	ess
	. <b>F</b>	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 Age	nt

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>	Address	Type of Action
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Effective date, if other than the date (	of filing:	(option:	al)
fan effective date is listed, the date must be spe <b>Note:</b> If the date inserted in this block do			
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record specifies a delayed effective date, d is filed.  Dated	<u>2024</u> .		2024 JUL 18
e record specifies a delayed effective date, rd is filed.  Dated			