## L24000271743

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## **COVER LETTER**

Division of Cor		
Gucci Plie I	uc	
	Name of Limi	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	Jessica Crawford	
		Name of Person
	Esposito Law Group, P.A.	
		Firm/Company
	537 10th Street West	
		Address
	Bradenton, FL 34205	
		City/State and Zip Code
•	jessica@espositolegal.com	
	·	to be used for future annual report notification)
For further information of	concerning this matter, please co	all:
Jessica Crawford		941 251-0000
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gucci Pile LLC			
(Name of the Limited Limitity (A Florida Lin	Company as it now appears on or mited Liability Company)	ir regorda.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L24000271743</u>	pany were filed on <u>06/14/20</u> 0	24 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l llability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designal	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	35)		
	<del></del>	. 2	
		74.5	
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)		2E 23	
		376 act.	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our record	s, enter the name of the new registered	
The same of the same symmetry of the same same same same same same same sam			
Name of New Registered Agent:			
New Registered Office Address:			
ATTI ATTOMATION OF THE PARTY OF	Enter Florida str	eet address	
	, Florida		
	City	Zip Cods	
New Registered Agent's Signature, if changing Registered A	Agent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of my d nt as provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	David Kirkpatrick	2150 Harden Blvd	<b>B</b> Add
		Lakeland, FL 33803	□Remove
			□Change
AMBR	Andrea Kirkpatrick	1300 Jefferson Drive	□Add
		Lakeland, FL 33803	□Remove
			2074 SEP BACKE
			- CiRemove )
			OChange
			□Ādd
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an effective da ote: If the d	e, if other than the te is listed, the date mu- ate inserted in this bi- fective date on the D	st be specific and lock does not m	cannot be prior seet the applic	able statutory fil	more than 90 days	ptional) after filing.) Purs , this date will r	uant to 605.0207 not be listed as
ecord specifies filed.	ics a delayed effectiv	e date, but not	an effective ti	me, at 12:01 a.m	, on the earlier o	f: (b) The 90th	n day after the
	2115F 12		2024	<del>-</del> ·			
ated AUC	New 57	J. ()€					
Pated AUC	Kulpa	Signature of a r	member or auth	orized representati	ve of a member		

Filing Fee: \$25.00