## L24000303567

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Emily Name)
(Document Number)
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9/17/24

2024 SEP 13 PH 2: 50

## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUD IE	NAGAGA	LLC.		
SUBJE0	UI:	Name of Lin	nited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter		
		GIOVANNYA GAITAN		
			Name of Person	
		<u> </u>	Firm/Company	
		15171 SW 49 ST		
		MIRAMAR FL 33027	Address	
		JGAITAN0827@YAHOO.	City/State and Zip Code	
For furt	ar information o		(to be used for future annual report notification)	
	NNY A GAITA!	-	305 4693117	
	Name o	f Person	Area Code Daytime Telephone Number	
Enclose	d is a check for th	he following amount:		
<b>■</b> \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 N. No. Tallahassee, FL 32303	

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

(Name of the Limited Line) (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)
	ity Company were filed on $\frac{07,03,2024}{}$ and assigned
This amendment is submitted to amend the followin	g:
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 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 A	DDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	<u> </u>
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, enter the name of the new registere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_	, Florida
	City Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with th 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
AMBR	GIOVANNY A GAITAN	15171 SW 49 ST MIRAMAR FL 33027	<b>=</b> Add
			□Remove
			□Change
AMBR	GIOVANNY GIOVANY A		□Add
		15171 SW 49 ST MIRAMAR FLORIDA 33027	<b>≡</b> Remove
			□Change
			🗆 Add
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