L24000305301

(Red	questor's Name)	
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

	Registration S Division of Co			
SUBJEC	GUELCE	INVESTMENT CAPITAL LL	C	
SOBJEC	· I ;	Name of Lin	nited Liability Company	·
The enclo	osed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
			Name of Person	
		Claudechild Holly Guelce		
			Firm/Company	
				_
			Address	
		6660 SW 7th ST		
		Margate FL 33068	City/State and Zip Code	<u> </u>
			to be used for future annual	report notification)
For furthe	er information c	concerning this matter, please co	all:	
Claudech	ild Holly Guek	ce		18468
	Name o	of Person	at () Area Code	Daytime Telephone Number
Enclosed	is a check for th	he following amount:		
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc	Certificate of Status &
F	Mailing Addres	Section		ation Section
L.	Division of C	orporations	Division	n of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GUELCE INVESTMENT CAPITAL LLC		202: 30 pr 6: 02
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	y Company were filed on	and assigned
Florida document number L24000305301	·	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	limited Liability Company," the designation	1 "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
	 	
Enter new mailing address, if applicable:	1 -	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our records, \underline{e} :	enter the name of the new registere
Name of New Registered Agent:	78.00	
New Registered Office Address:		
	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

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
MGR	Derilus, Clerdina	1005 S 17TH ST AVE HOLLYWOOD, FL 33020	□Add
			Remove
			□Change
			□Add
			🗆 Remove
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			🗆 Add
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			□Add
			□Remove
			□Change
 -			□Add
			□Remove
			Change

The 90th day after the
The 90th day after the
pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
date, if other than the date of filing:
ŀ