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Certified Copies	Certificates	of Status
Special Instructions to	Eiling Officer	

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Office Use Only

COVER LETTER

Registration Section TO: Division of Corporations Dasaball a ame of Limited Liability Company SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



Enclosed is a check for the following amount:

S25.00 Filing Fee

□ \$30.00 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

ARTICLES OF A				
ARTICLES OF ORGANIZATION				
0	F			
DG BGS(-56) (Name of the Limited Liability Compar (A Florida Limited L				
The Articles of Organization for this Limited Liability Company	were filed on DG BGSEBGII and assigned			
Florida document number <u>L2400031336</u> 5				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
A. If antending fiame, enter the new fighte of the finite data				
The new name must be distinguishable and contain the words "Limited Liabil				
Enter new principal offices address, if applicable:	8175 NW LOYTH AVE APT 1			
(Principal office address MUST BE A STREET ADDRESS)	Dural FL 37178			
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	8175 NW 20474 AUG DA1 Dural p1 33178			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>			
Name of New Registered Agent:				
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.

21

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

•

<u>Title</u>	Name	Address	<u>Type of Action</u>
MGR	David Gunzalez	8175 NW 104Th AVE Dorul APT 1 Fluide	Add 1 33178
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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	3 Agosto	<u> </u>
		Signature of a member or authorized representative of a member
		Gerald Mr Qui TWA17 Typed or printed name of signee