## L24000373467

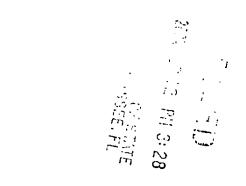
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15. HUMT ES/12/21

## **COVER LETTER**

TO: **Registration Section Division of Corporations** GS Terrazzo Flouring 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: Ancelmo Gaspar Sebastian Name of Person Firm/Company 3631 Elizabeth ST Address Palm Springs FL 33461 City/State and Zip Code gasparchemo@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 & Certified Copy (additional copy is enclosed) (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

GS Terrazzo Flouring LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company	were filed on 08/23/2024 and assigned
lorida document number L24000373467	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	ility company here:
68 Terrazzo Flooring LLC	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	3631 Elizabeth ST
Principal office address MUST BE A STREET ADDRESS)	Palm Springs FL 33461
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office a	
gent and/or the new registered office address here:	m
	ATE: 28
Name of New Registered Agent:	
New Registered Office Address:	
<del></del>	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 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>	Name	Address	Type of Action
<del></del>			🗆 Add
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			□Change
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 September 9 2024 Signature of a member or authorized representative of a member Ancelmo Gaspar Sebastian

Typed or printed name of signee