## L24000387851

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity Otales Ziph Holic #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
10-25-24

Office Use Only



800437070198

09/25/24--01009--028 \*\*30.00

2001.00T.25 FH 9H52

Tallahassee, FL 32314

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	(71) Bal	192 Rentals L nited Liability Company	LC
30030.01.	Name of Lin	nited Liability Company	
49			
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Stephon	Ca. Tene Name of Person	
	•	Name of Person	
		Firm/Company	
	12744 NI	W 13th Stran	et ==
	·	Address	退高
	Survisc,	F L 33323 City/State and Zip Code	Tay 23
	/	City/State and Zip Code	
	E-mail address; (	to be used for future annual report notifica	tion)
For further information co	ncerning this matter, please c	all:	,
Stephen Name of	Silvere Person	at ( <u>154</u> ) <u>557</u> Area Code Daytime To	-3931 elephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 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		Street Address:	
Registration S		Registration Section	
Division of Co P.O. Box 6327		Division of Corpo The Centre of Tall	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



October 9, 2024

STEPHON GILZENE 12744 NW 13TH STREET SUNRISE, FL 33323

SUBJECT: GILO BALLAZ RENTALS LLC

Ref. Number: L24000387851



Letter Number: 824A00022285

We have received your document for GILO BALLAZ RENTALS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Date the last page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN Regulatory Specialist II

www.sunbiz.org

## ARTIGLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. . . . . . . . .

(1110 Ballaz R.	entals LLC
( <u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our records.) Ed Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on 09/05/24 and assigned
Florida document number <u>L 24 00038785</u> 1	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
Gilo Elite Socce	r LLC
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4301 S. Flamingo Road Suite 106 #804 Davic, FL, 33330 = 1
(Principal office address MUST BE A STREET ADDRESS)	Suite 106 # 804
	Davic, +L, 33330 = 1
Enter new mailing address, if applicable:	4301 S. Flamings Road _ Suite 106 # 804 0
(Mailing address MAY BE A POST OFFICE BOX)	_ Suite 106 # 804 "
	Davie, FL1 33330 -
B. If amending the registered agent and/or registered offic	e address on our records, <u>enter the name of the</u> ne istered
agent and/or the new registered office address here:	
Name of New Registered Agent: Regi	istered Agents Inc
New Registered Office Address: 7901 4	th St N; Ste 300  Enter Florida street address
St. Pete	City Florida 33702
New Registered Agent's Signature, if changing Registered Agen	

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.

David Loberts

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>	Name	Address	Type of Action
			□Remove
			□Change
	<del></del>		
			□Remove
			□Change
			DAdd
		<del>-</del>	□Remove
			□Change
			No.
			Ren
			- Than
		<del></del>	. (25) 
			□Remove
			□Change
			□ Add
			□Remove
			Change

		<del></del>	<u>-</u>	<del></del>
	<del></del>			<del></del>
		-		
		·		
		<u> </u>		
			<u> </u>	
	_			
-				
	<del></del>			
			<u></u>	707
			<u> </u>	<u>-8</u>
				: ->
				<del>- J</del>
			<u> </u>	
	<u> </u>	_ <del>_</del>		- 함 <del></del> -
			ı	~
ective date, if other than the date of filing: _ effective date is listed, the date must be specific and car te: If the date inserted in this block does not mee ument's effective date on the Department of State	nnot be prior to date o t the applicable sta	f filing or more than 90	(optional) days after filing.) nents, this date v	Pursuant to 605.0 vill not be listed
cord specifies a delayed effective date, but not an s filed.	effective time, at 1	2:01 a.m. on the ear	lier of: (b) The	90th day after t
ed Afaber 22	2024			
	C1'-			
	Bere	oresentative of a memb		