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COVER LETTER

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TO: Registration Se Division of Cor			
	AINTING AND CLEANING L	LC	
SUBJECT:	Name of Lum	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following	
	SANDRA M ARAPA RA	MIREZ	
		Name of Person	
	GELSA PAINTING AND	CLEANING LI C	
		FuncCompany	
	2911 N LOCKWOOD RII	XGE RD LOT 2	
		Address	
	SARASOTA, FL 34234		
		City/State and Zip Code	<u></u>
	basant@ashuinsurance.com) to be used for future annual report no	et Conton
For further information of	concerning this matter, please c		ancan (t)
SANDRA M ARAPA R	AMIREZ	941 287-5380	
Name o	of Person	at () Area Code Dayn	me Telephone Number
Enclosed is a check for t	he following amount.		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	1° L 32314	2412 N. Moni	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gelsa Painting and Cleaning LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	onipany as it now appears on our r nuted Fability Company)	<u>veords.</u>)
The Articles of Organization for this Limited Liability Com	npany were filed on $\frac{09/16/2024}{1}$	and assigned
Florida document number 1.24(XX)4()2249		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Harbility Company," the designation	"H C" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	office address on our records, g	enter the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		· ·
•	+ · - · - · - · - · · - · · · · ·	
New Registered Office Address:	Enter Florida street	address
		Florida
	Cny	, Florida
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agentheing filed to merely reflect a change in the registered company has been notified in writing of this change.	aplete performance of my duti nt as provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Giovanny E Moreno Acevedo	2911 N LOCKWOOD RIDGE RD LOT 2	
		SARASOTA, FL 34234	
			TChange
			ZAdd
			TRemove
			TChange
			I Add
			∃Remove
			TChange
			TRemove
			TChange
			⊒Remove
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ective date, if other than the date of filing: i effective date is listed, the date must be specific and cann		((ptional)	(a)\$ 133
te: If the date inserted in this block does not incet t	the applicable statute	ry filing requirements	this date will not be	listed
nument's effective date on the Department of State'	s records.			
cord specifies a delayed effective date, but not an e	erania alima at 12.0	Large on the amplice of	Cabba Dibbadaya	ation di
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ed OCTOBER 16 20	<u> </u>			
	(I)			
	in the same	entative of a member		

Filing Fee: \$25.00

Exped or printed name of signee