

L24000437089

(M)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

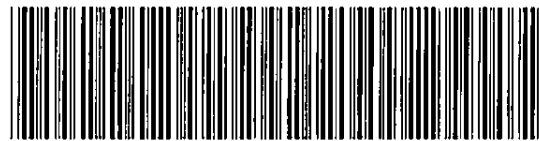
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10/22/24--01011--012 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations
GD MONTE CARLOS 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:

GABRIEL DIEYSON OLIVEIRA GUIMARAES

Name of Person

GD MONTE CARLOS LLC

Firm/Company

8101 COCONUT PALM WAY

Address

KISSIMMEE, FL 34747

City/State and Zip Code

SMITH@ASMITHADVISOR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA SMITH

407 7124210

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the 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:

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**

GD MONTE CARLOS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on OCT 01/2024 and assigned
Florida document number 1.24000437089.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GD MONTE CARLO LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

AS SOLUTION ADVISOR LLC

New Registered Office Address:

4340 S KIRKMAN RD APTO 906

Enter Florida street address

ORLANDO

Florida

32811

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

COULD YOU PLEASE CHANGE THE NAME OF THE COMPANY TO GD MONTE CARLO (WITHOUT S)?

PLEASE CORRECT THE NAME TO GABRIEL DIEYSON OLIVEIRA GUIMARAES

10/18/2024

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 10/18 , 2024

Jana K. Smith
Signature of a member or authorized representative of a member

Jana K. Smith
Typed or printed name of signer