## 12500009867

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## **COVER LETTER**

TO: Registration : Division of Co				
GAMEZ SUBJECT:	HOME PURSUIT LLC			
SUBJECT.	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	YAIMA GAMEZ MIRAI	BAL		
		Name of Person	<del></del>	
		Firm/Company	<del></del>	
	802 HONOLULU WOOL	LN		
		Address		
	ORLANDO, FLORIDA, 3	32824-9412		
	yaimagm81@gmail.com	City/State and Zip Code	<del></del>	
		to be used for future annual report notif	fication)	
For further information	concerning this matter, please c	all:		
YAIMA GAMEZ MIR	ABAL	786 306-9205 at ()	ØD.	, - 3 .3
Name	of Person	Area Code Daytime	Telephone Number .	(1.7) (1.7) (1.7) (1.7) (1.7)
Enclosed is a check for	the following amount:			<u>.</u>
S25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	<ul> <li>\$55.00 Filing Fee &amp; Certified Copy (additional copy is enclosed)</li> </ul>	S60.00 Filing Fee Certificate of Siz Certified Copy (additional copy is a	ius &

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

GAMEZ HOME PURSUIT LLC				
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) htty Company)			
The Articles of Organization for this Limited Liability Company wer Florida document number <u>L25000009867</u>	e filed on JANUARY 06, 2025	_ and ass	igned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	company here:			
YAIMA GAMEZ LLC				
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the abbre-	viation "L.	IC."	_
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDRESS)			<u></u>	_
_				_
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE BOX)				
_				_
B. If amending the registered agent and/or registered office addingent and/or the new registered office address here:	ess on our records, <u>enter the name o</u>	f the nev	v regis	tered
Name of New Registered Agent:	ė.	ð	r <b>~</b> >	
			1.3	_
New Registered Office Address:	Enter Florida stree: address		1.5	,
	, Florida		5	
	Ciņ	Zip Code	PK	
New Registered Agent's Signature, if changing Registered Agent:		Sign Total	ယ္	42
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as prov- being filed to merely reflect a change in the registered office add	formance of my duties, and I am fam ided for in Chapter 605, F.S. Or, if t	illiar wit this docu	h and iment i	

company has been notified in writing of this change.

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>	<u>Name</u>	Address	Type of Action
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ote: If the date inserted in this blo	ock does not r	meet the applica	ble statutory f	lling requireme	nts, this da	te will	not be	listed a
record specifies a delayed effective	epartment of S	State's records.		2 - 4		1	- n	
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record specifies a delayed effectiv is filed.	e date, but not	l an effective tir	ne, at 12:01 a.	m, on the earlic	r of: (b)	The 90	th day	aft <b>og</b> -the
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Filing Fee: \$25.00