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B. BOSTICK
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EXAMINER

COVER LETTER

TO:	Registration Section
	Division of Cornerations

...... GELOSIA KL LLC

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:

Noelia Ramos

Name of Person

Torres & Vadillo LLP

Firm/Company

11402 NW 41 Street, Ste 202

Address

Doral, FI 33178

City/State and Zip Code

rinaldiarias@gmail.com

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

For further information concerning this matter, please call:

Noelia Ramos

at (305) 485-9700

Name of Person 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



TO ARTICLES OF ORGANIZATION OF

GEL	OSIA	KI	1.1	\sim

(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 L. Florida document number <u>L0900007824</u>	Liability Company were t	iled on January 26, 2009 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability co	ompany here:
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if appli-	cable:	
(Principal office address MUST BE A STREE		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>	Z DEC 13 F
B. If amending the registered agent and registered agent and/or the new registered of		Idress on our records, enter the name of the new
Name of New Registered Agent:	JOSE L DREYE	₹
New Registered Office Address:	1666 ZENITH W	AY
		Enter Florida street address
	WESTON	, Florida 33327
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
the provisions of all statutes relative to the p	oroper and complete pe istered agent as provido registered office addre change.	ct in this capacity. I further agree to comply with rformance of my duties, and I am familiar with and ed for in Chapter 608, F.S. Or, if this document is sss. I hereby confirm that the limited liability egistered Agent.
	The state of the s	The state of the s

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NOEL LAZARO	9445 NW 54 DORAL TERRACI	Add
		DORAL, FL 33178	Remove
MGR	GAVS GROUP LLC	C/O CARLOS RINALDI	— Add
*		8333 NW 68 ST	Remove
-		DORAL, FL 33178	
MGR	JOSE L DREYER	1666 ZENITH WAY	Add
		WESTON, FL 33327	Remove
		·	-
			Add
			Remove
		AFLAHA	
		S. C.	
			Remove
			Add
			Remove

If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	2042
ted <u>Dec</u>	cember 2012
	Cartes G. Rivaldo
•	Signature of a member or authorized representative of a member
	•
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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