

L11 000044039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

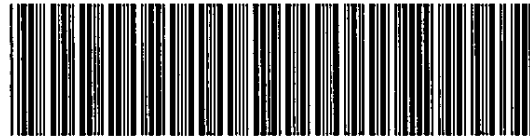
(Business Entity Name)

(Document Number)

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LAW OFFICES OF LISA K. HERMANN, P.A.

134 SOUTH DIXIE HIGHWAY, SUITE 110
HALLANDALE BEACH, FLORIDA 33009

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www.hermannlaw.com

LISA K. HERMANN, ESQ.
ATTORNEY AT LAW
CERTIFIED CIRCUIT COURT MEDIATOR
DIRECT LINE: (786) 899-2734
LHERMANN@HERMANNLAW.COM

February 10, 2014

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

Re: GAVIBER GROUP, LLC

Dear Sir/Madam:

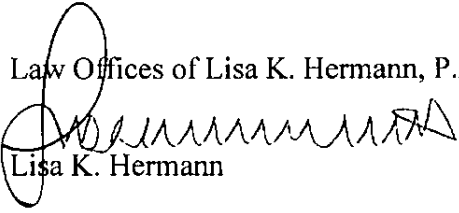
Enclosed please find the following documents and fees:

- | | |
|---|---------|
| 1. Manager/Member Resignation – Victor Borgia | \$25.00 |
| 2. Manager/Member Resignation – Bernardo Borgia | \$25.00 |
| 3. Articles of Amendment to Articles of Incorporation | \$30.00 |

TOTAL FEES: \$80.00

Should you have any questions, do not hesitate to contact me. Thank you.

Law Offices of Lisa K. Hermann, P.A.


Lisa K. Hermann

Enclosures/ck.

FILE
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GAVIBER GROUP, 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:

LISA K. HERMANN, ESQ.

Name of Person

LAW OFFICES OF LISA K. HERMANN, P.A.

Firm/Company

134 S. DIXIE HIGHWAY, SUITE 110

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

LHERMANN@HERMANNLAW.COM

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

For further information concerning this matter, please call:

LISA K. HERMANN

Name of Person

305 356-8403, EXT. 204

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/COURIER ADDRESS:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GAVIBER GROUP, 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 April 13, 2011 and assigned
Florida document number L11000044039.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BERNARDO BORGIA	900 BAY DRIVE, #415	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Remove
MGR	VICTOR BORGIA	900 BAY DRIVE, #415	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Remove
MGR	MARCELA LORENA FARACI	900 BAY DRIVE, #415	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Remove
MGR	FACUNDO EDUARDO CASELLA	900 BAY DRIVE, #415	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **FEBRUARY** **2014**



Signature of a member or authorized representative of a member

BERNARDO BORGIA

Typed or printed name of signee

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TALLAHASSEE, FLORIDA