

L12000011537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

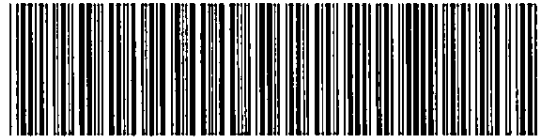
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. WARREN

AUG 23 2017

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: GBC INTERNATIONAL, 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:

CINTIA ALTHEMAN

Name of Person

GBC INTERNATIONAL, LLC

Firm/Company

8244 NW 14TH STREET

Address

DORAL, FL 33126

City/State and Zip Code

DEBORA.RODRIGUES@PROTRANSPARENCY.COM

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

For further information concerning this matter, please call:

DEBORA RODRIGUES SILVA

Name of Person

at (954)

Area Code

243-3204

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

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

GBC INTERNATIONAL, 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 01/25/2012 and assigned Florida document number L12000011537.

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 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:

PROTRANSPARENCY CONSULTING LLC

New Registered Office Address:

15844 SW 21ST STREET

Enter Florida street address

MIRAMAR

Florida

City

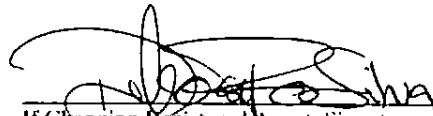
33027

Zip Code

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TALLAHASSEE, FLORIDA
STATE SECRETARY OF REVENUE

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	DIEGO GARCIA NOGUEIRA	_____	<input type="checkbox"/> Add
		7429 NW 48TH STREET - MIAM _____	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
MGR	CINTIA ALTHEMAN	_____	<input type="checkbox"/> Add
		7429 NW 48TH STREET - MIAM _____	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change

17 AUG 2011 AM 11:29
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 ADD
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 FILE
 MIAMI COUNTY CLERK
 1000 S.W. 1ST AVE
 MIAMI, FL 33135

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

Multiple horizontal lines for amending information.

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 August 18, 2017

Handwritten signature of Cristiano de Lima

Signature of a member or authorized representative of a member

CRISTIANO DE LIMA

Typed or printed name of signee

FILED 17 AUG 21 AM 11:25 DEPARTMENT OF STATE FLORIDA