

L12000068085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200312764452

05/07/18--01030--013 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY - 7 AM 9:04

N COOPER

MAY 08 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GMNCB 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:

JEAN JACQUES BERLIOZ

Name of Person

GMNCB LLC

Firm/Company

20801 BISCAYNE BOULEVARD SUITE 403-1001

Address

AVENTURA, FL 33180

City/State and Zip Code

FABRICE@MCHCONSULTINGUSA.COM

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

For further information concerning this matter, please call:

FABRICE HERZSTEIN

786 923-5948
at ()

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

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

GMNCB 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 05/21/2012 and assigned
Florida document number L12000068085.

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)

20801 BISCAYNE BOULEVARD

SUITE 403-1001

AVENTURA, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20801 BISCAYNE BOULEVARD

SUITE 403-1001

AVENTURA, FL 33180

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY -7 AM 9:06

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:

MCH CONSULTING USA

New Registered Office Address:

20801 BISCAYNE BOULEVARD SUITE 403

Enter Florida street address

AVENTURA

City

Florida 33180

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 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>
AMBR	FLOCABER HOLDING LLC	20801 BISCAYNE BOULEVARD	<input checked="" type="checkbox"/> Add
		SUITE 403-1001	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	<input type="checkbox"/> Change
MGR	JEAN JACQUES BERLIOZ	200 S BISCAYNE BLVD	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	STALMACH JOHN	2871 SOMMERSET DR #200	<input type="checkbox"/> Add
		LAUDERDALE LAKE, FL 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 MAY 1961

18 MAY -7 AM 5:04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 02 ND OF MAY 2018

Signature of a member or authorized representative of a member

JEAN-JACQUES BERLIOZ MGR

Typed or printed name of signee