

05/20/2015

11:14

TO:18506176383 FROM:9545102072

Page: 2

L1200012392

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000268300 3)))



H140002683003ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GFB TAX SERVICE LLC
Account Number : I20120000047
Phone : (754)246-6160
Fax Number : (954)510-2072

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY 20 AM 8:02

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: GASTONBELEN@GFBTAXSERVICE.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OLIPILI, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

15 MAY 20 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H14000268300 3

MAY 21 2015

05/20/2015

11:24

TO:18506176383 FROM:9545102072

Page: 1

- Fax Transmission

To:

From: Gaston Belen

Fax: 18506176383

Date: 5/20/2015

RE:

Pages: 6

Comments:

COVER LETTER

H14000268300 3

**TO: Registration Section
Division of Corporations**

SUBJECT: OLIPILI, 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:

GASTON BELEN

Name of Person

GFB TAX SERVICE LLC

Firm/Company

5210 SW 201st TERRACE

Address

SOUTHWEST RANCHES, FL 33332

City/State and Zip Code

GASTONBELEN@GFBTAXSERVICE.COM

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

For further information concerning this matter, please call:

GASTON BELEN

Name of Person

754 246-6160

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

H14000268300 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OLIPILI, 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 09/26/2012 and assigned
Florida document number L12000123392

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 "LL 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

City, Florida 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	GASTON F BELEN	2200 N. COMMERCE PARKWAY. SUITE 200 WESTON, FL 33326	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	EDUARDO H GIBAUT	15 NW 7 AVE FT LAUDERDALE, FL 33311	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

THE MANAGERS OF THIS COMPANY WILL NOT HAVE THE POWER TO SELL,
TRANSFER, DISPOSE, CONVEY OR OTHERWISE ENCUMBER ANY OF THE
COMPANY'S PRESENT OR FUTURE REAL ESTATE PROPERTY WHICH
SHALL REQUIRE WRITTEN APPROVAL BY ACT OF ALL THE MEMBERS.

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 **NOVEMBER 18**, **2014**



Signature of a member or authorized representative of a member
GASTON BELEN

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

H14000268300 3

FILED
2015 MAY 20 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA