

L16000209794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

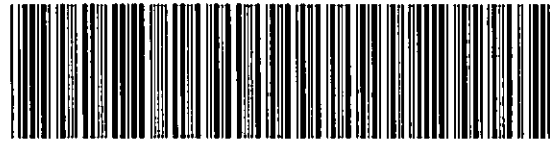
(Business Entity Name)

(Document Number)

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S. WARREN

AUG 28 2017

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

GOLD LEVEL BUILDING SOLUTIONS 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 NOVEMBER 16, 2016 and assigned Florida document number L16000209794.

This amendment is submitted to amend the following:

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

GOLD LEVEL SOLUTIONS LLC

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)

10700 CITY CENTER BLVD #5101

PEMBROKE PINES, FL 33025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10700 CITY CENTER BLVD #5101

PEMBROKE PINES, FL 33025

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:

MARIA FLORENCIA PEREYRA ARANDIA

New Registered Office Address:

10700 CITY CENTER BLVD #5101

Enter Florida street address

PEMBROKE PINES

City

Florida

33025

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

When 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	MARIA F PEREYRA ARANDIA	10700 City Center Blvd 5101	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA F PEREYRA ARANDIA	1737 Coronel Diaz Av	<input type="checkbox"/> Add
		3rd Floor Ste 13	<input checked="" type="checkbox"/> Remove
		Ciudad Autonoma De BS AS, BA	<input type="checkbox"/> Change
MGR	Alejandro F Sanchez Dominguez	1512 Ironbark Dr	<input type="checkbox"/> Add
		Henderson, NV 89014	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

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 18th 2017

Signature of a member or authorized representative of a member

Maria Florencia Pereyra Arandia

Typed or printed name of signee

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DEPARTMENT OF STATE
SECRETIONARIA