

# L17000152056

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : ALPHA BUSINESS CONSULTING, LLC  
Account Number : I20080000051  
Phone : (407)582-9830  
Fax Number : (407)294-7677

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TALLAHASSEE, FLORIDA

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
G1 BUSINESS, LLC

Certificate of Status	0
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K. SALY

JUL 21 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** G1 BUSINESS, 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:

ALEXANDRE MASTANDREA  
Name of Person  
G1 GUSINESS LLC  
Firm/Company  
3889 GARDEN PLAZA WAY # 6022  
Address  
ORLANDO, FL 32837  
City/State and Zip Code  
pinbeiro maria@att.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA PINHEIRO at ( 407 ) 582-9830  
Name of Person Area Code Daytime Telephone Number

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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GI BUSINESS, 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 07/14/2017 and assigned  
Florida document number L17000152056.

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:

\_\_\_\_\_

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 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	HAIMANN SERVICES LLC	1100 S FEDERAL HWY STE 494	<input checked="" type="checkbox"/> Add
		DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AZEVEDO COSTA INVEST LLC	1950 HUGHES LANDING BLVD	<input checked="" type="checkbox"/> Add
		UNIT 713	<input type="checkbox"/> Remove
		THE WOODLANDS, TX 77380	<input type="checkbox"/> Change
MGR	GIAT LLC	3111 N UNIVERSITY DR # 105	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EMPIRIA CORP	3111 N UNIVERSITY DR # 105	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	UBER LAND INVEST. LLC	1100 S FEDERAL HWY STE 427	<input checked="" type="checkbox"/> Add
		DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SCUDEZE INVESTMENTS LLC	3111 N UNIVERSITY DR # 105	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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	M2 REALTY CENTER LLC	1950 HUGHES LANDING BLVD	<input checked="" type="checkbox"/> Add
		UNIT 713	<input type="checkbox"/> Remove
		THE WOODLANDS, TX 77380	<input type="checkbox"/> Change
MGR	BRUNO MURTINHO MORAES	RUA TREZE DE MAIO 162/402	<input checked="" type="checkbox"/> Add
		PETROPOLIS, RJ 25685-230	<input type="checkbox"/> Remove
		BRAZIL	<input type="checkbox"/> Change
MGR	HERMANN HELINSKI ARAUJO	RUA PRESBITERO P G ARAUJO	<input checked="" type="checkbox"/> Add
		1568 TORRE A # 1202	<input type="checkbox"/> Remove
		NATAL, RN 59082-420 BRAZIL	<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

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

PLEASE! ADD THOSE 9 NAMES AS MGR.

Multiple horizontal lines for entering amendments.

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TALLAHASSEE, FLORIDA

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 JULY 17, 2017

Signature of a member or authorized representative of a member

ALEXANDRE MASTANDREA

Typed or printed name of signer