

L17000132056

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : ALPHA BUSINESS CONSULTING, LLC
Account Number : I20080000061
Phone : (407)582-9830
Fax Number : (407)294-7677

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
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

DIVISION OF CORPORATIONS

17 AUG 23 AM 10:13

FILED

2017 AUG 23 PM 4:19
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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:

MARIA PINHEIRO

Name of Person

ALPHA BUSINESS CONSULTING, LLC

Firm/Company

7022 CARLENE DR

Address

ORLANDO, FL 32835

City/State and Zip Code

pinheirmaria@att.net

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

For further information concerning this matter, please call:

MARIA PINHEIRO

407 582-9830

Name of Person

at ()
Area Code

Daytime Telephone Number

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

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

Florida document number L17000152056

DIVISION OF CORPORATE AFFAIRS
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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 "LLC."

Enter new principal offices address, if applicable:

13211 GLACIER NATIONAL DR # 5508

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32837

Enter new mailing address, if applicable:

13211 GLACIER NATIONAL DR # 5508

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32837

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:

13211 GLACIER NATIONAL DR # 5508

Enter Florida street address

ORLANDO

City

Florida 32837

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	ALEXANDRE MASTANDREA	13211 GLACIER NATIONAL DR	<input type="checkbox"/> Add
		# 5508	<input type="checkbox"/> Remove
		ORLANDO, FL 32837	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

27 AUG 23 AM 10:13
 VISITORS
 OF THE
 ROOMS

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

NONE

Multiple horizontal lines for amending information.

17 AUG 23 AM 10:13
DIVISION OF CORPORATIONS

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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 carrier of:
(b) The 90th day after the record is filed.

Dated AUGUST 22, 2017

Signature of a member or authorized representative of a member

ALEXANDRE T MASTANDREA

Typed or printed name of signee