

18000001979

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MAR 21 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GAB MIX 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:

DIECSON VILARINO

Name of Person

DOMINIUM CONSULTING

Firm/Company

28 W FLAGLER ST SUITE 300B

Address

MIAMI FLORIDA 33130

City/State and Zip Code

SUNBIZ@DOMINIUM.CONSULTING

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

For further information concerning this matter, please call:

DIECSON VILARINO

888 406-7602
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**

GAB MIX 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 01/03/2018 and assigned
Florida document number L18000001979

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:

28 W FLAGLER ST SUITE 300B

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FLORIDA 33130

Enter new mailing address, if applicable:

28 W FLAGLER ST SUITE 300B

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FLORIDA 33130

**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:

DOMINIUM CONSULTING

New Registered Office Address:

28 W FLAGLER ST SUITE 300B

Enter Florida street address

MIAMI

City

Florida

33130

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.

Diego V. Marino

If Changing Registered Agent, Signature of New Registered Agent

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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>
AMBR	PATRICIO, CRISTINA PALLOL	28 W FLAGLER ST SUITE 300B	<input type="checkbox"/> Add
		MIAMI FLORIDA 33130	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JUNIOR, MILTON GAIDIES	28 W FLAGLER ST SUITE 300B	<input type="checkbox"/> Add
		MIAMI FLORIDA 33130	<input type="checkbox"/> Remove
			<input checked="" 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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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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 earlier of:

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

Dated 03/14/2018

2:15 PM

Milton Gaidies Junior

Signature of a member or authorized representative of a member

JUNIOR, MILTON GAIDIES

Typed or printed name of signee