

L160000013222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

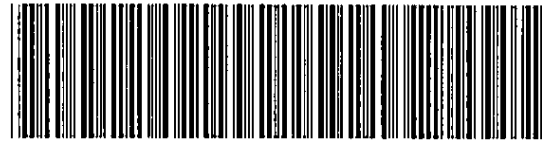
(Business Entity Name)

(Document Number)

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2018 APR -11 PM 4:43  
RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

APR 05 2019  
C McNAIR



**Diego L. Restrepo, P.A.**  
**Attorneys at Law**

Member:

Florida Bar Association

2600 S Douglas Road, Suite 913  
Coral Gables, Florida 33134

Telephone: (305) 447-9430

Fax: (305) 448-5541

E-Mail: [diego@restrepolaw.com](mailto:diego@restrepolaw.com)

Member:

Florida Institute of Certified  
Public Accountants

April 1st, 2019

***Certified Mail Return Receipt Requested***  
***No. 7017 3380 0000 6302 6231***

Florida Department of State  
Registration Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

2019 APR -4 PM 4:43  
RECEIVED  
FILING  
DIVISION OF  
CORPORATION

**Ref: Gilvico Consulting LLC ("the Company")**  
**Articles of Amendment to Articles of Organization**

To whom it may concern:

In response to your letter Number 319A00005680 dated March 22<sup>nd</sup>, 2019 enclosed please find the corrected Articles of Amendment to the Articles of Organization for the Company. Please apply check No. 1577 in the amount of US\$25.00 payable to the Florida Department of State to cover the filing fee.

Should you have any question, please do not hesitate to call us.

Very truly yours,

**Diego L. Restrepo, P.A.**

By:   
Luisa Elena Cuadrado, Paralegal

w/ enclosures

## COVER LETTER

**TG:** Registration Section  
Division of Corporations

**SUBJECT:** GILVICO CONSULTING LLC

Name of Limited Liability Company

2018 APR -6 PM 4:45  
S. J. ALANIS, Esq.  
Tallahassee, FL 32301

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIEGO L. RESTREPO ESQ.

Name of Person

DIEGO L. RESTREPO P.A.

Firm/Company

2600 SOUTH DOUGLAS ROAD, SUITE913

Address

CORAL GABLES, FL 33134

City/State and Zip Code

LUISA@RESTREPOLAW.COM

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

For further information concerning this matter, please call:

DIEGO L. RESTREPO ESQ.

305- 447-9430

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(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**

GILVICO CONSULTING LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2018 APR -4 PM 4:43  
FILED IN 11-12

The Articles of Organization for this Limited Liability Company were filed on 01/19/2016 and assigned  
Florida document number L16000013222.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:

N/A

New Registered Office Address:

N/A

*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	ALAIX JAVIER	2600 SOUTH DOUGLAS ROAD, SUITE 913	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" 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

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**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.

Dated MARCH 7 , 2019

Diego Mayf

Signature of a member or authorized representative of a member

DIEGO L. RESTREPO ESQ., AUTHORIZED REPRESENTATIVE

Typed or printed name of signee