# 102000022151

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone#	r)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	JAN - 6 2022	

Office Use Only



100377854241

12/16/21--01015--017 \*\*130.00

CONTRACTOR SACRETARY OF STATE OF STATE

FILED
2021 DEC 16 AH II: 30



Osvaldo F. Totres, Lsq. Principal Admitted in New York Horida ozzie@totresław.net

# TORRES LAW, P.A.

EB-5 CORPORATE SECURITIES MEDIA
A Certified Minority Business Enterprise

R. William Cornelius, Esq. Associate Admined in Florida will@torreslaw.net

Nathalie Perez Vargas, Esq. Associate Admitted in Florida nathalie@torreslaw.net

December 14, 2021

#### <u>VIA FEDEX OVERNIGHT</u>

Registration / Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

### RE: 4 Amendment Filings Total

To Whom It May Concern:

Please find enclosed 3 Articles of Amendment to Articles of Incorporation of the following entities:

- Gileca International Corporation
- NCCL Corporation; and
- Genesis Shutter Group, Inc.

Please also find enclosed 1 Articles of Amendment to Articles of Organization of the following entity:

- P.L.G.C. Investments, L.L.C.

Also enclosed is a check for \$130, which equals the amount of all 4 filings made payable to Florida Department of State.

If you have any questions, please do not hesitate to contact me. Thank you.

 $\langle \cdot \cdot \rangle_{100}$ 

Sincerely.

Carla A. Ruiz

## **COVER LETTER**

	ration Secon on of Corp			
		estments, L.L.C.		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	rticles of A	mendment and fee(s) are sub	mitted for filing.	
Please return al	l correspon	dence concerning this matter	to the following:	
		Osvaldo F. Torres, Esq.		
			Name of Person	
		Torres Law, P.A.		
			Firm/Company	
		888 Southeast Third Aven	ue, Suite 400	
			Address	
		Fort Lauderdale, Florida 3	3316	
			City/State and Zip Code	ş-m <sub>1</sub> -
		ozzie@torreslaw.net		
		E-mail address: (	to be used for future annual report notif	fication)
For further info	rmation co	ncerning this matter, please c	all:	
Osvaldo F. Tor	res		754 300-5815 at ( )	
	Name of	Person		e Telephone Number
Enclosed is a cl	neck for the	following amount:		
<b>≡ \$</b> 25.00 Fili	ng 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)
	ng Address: stration Se	<del>-</del>	Street Address: Registration Sec	ction
•		rporations	Division of Corporations	
P.O.	Box 6327	, -	The Centre of T	
Talla	hassee, Fl	L 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 DEC 16 AH 11:30

P.L.G.C. Investments, L.L.C.

SECRETARY OF STATE

(Name of the Limi	ited Liability Compan (A Florida Limited Li	y as it now appears on our rability Company)	ecords.)	66
The Articles of Organization for this Limited I Florida document number $\frac{1.02000022151}{1.00000000000000000000000000000000000$		vere filed on August 27.	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabil	ity company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company." the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli-	cable:	N/A		
(Principal office address MUST BE A STREE	ET 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 agent and/or the new registered office address Name of New Registered Agent:			enter the name of the new regis	sterec
New Deciment Cities Address	888 Southeast Th	hird Avenue, Suite 400		
New Registered Office Address:		Enter Florida street o	uldress	_
	Fort Lauderdale		_, Florida <u>33316</u>	
		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>	Address	Type of Action
MGRM	Gilberto Leon	9960 NW 79th Avenue	□Add
		Hialeah, Florida 33016	<b>=</b> Remove
			□Change
MGR	Carlos Leon	9960 NW 79th Avenue	■Add
	Hialeah, Florida 33016	□Remove	
		□Change	
			□Add
			□Remove
		<del> </del>	
		_	□Add
			□Remove
			□Change
	<del></del>		□Add
	<del>-</del>	□Remove	
<del></del>			
			□Remove

	N/A
	NI/A
Note	tive date, if other than the date of filing: N/A (optional) flective date is listed, the date must be specific and cunnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	rd 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 filed.
Dated	autreun
	Signature of a member or authorized representative of a member
	Carlos Leon

Filing Fee: \$25.00