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B. BOSTICK

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EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SUBJI	ECT:	Gelsch	ne Views, LLC			
		Name of Lim	ited Liability Company			
The en	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
Javier Markowicz, Esq.						
	Name of Person					
Markowicz Internationa			kowicz International Law			
			Firm/Company			
	2999 NE 191 St. Suite 407					
	Address					
		<u>.</u>				
	City/State and Zip Code jmarkowicz@mrkinternationallaw.com					
		E-mail address: (to be used for future annual report notification	on)	LOFTER.	
For fu	rther information	concerning this matter, please of	call:		ړ <u>د</u> (استان	
	Jav	ier Markowicz	at (0-0921 등을 🖰	e e e e e e	
	Name	of Person	Area Code & Daytime Tel	lephone Number On O		
Enclos	sed is a check for	the following amount:				
\$25	5.00 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		tration Section ion of Corporations 30x 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Gelsche Vi	ews, LLC						
(Name of the Limited) (A	Liability Compan Florida Limited L	i <u>y as it доw арреат</u> iability Company)	s on our records.)				
The Articles of Organization for this Limited Lia Florida document number		were filed on	April 22, 200	9	and ass	igned		
This amendment is submitted to amend the follow	J							
A. If amending name, enter the new name of	the limited liabi	ility company her	<u>.</u>					
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Compa	ny," the designation	m "LLC	" or the a	bbreviation		
Enter new principal offices address, if applica	ble:	1180A East H	lallandale Blvd	<u> </u>				
(Principal office address MUST BE A STREET	ADDRESS)	Hallandale Be	each, FL		=			
		33009		#7	Ō	3		
				(A)	UD CO	rr.o ur		
Enter new mailing address, if applicable:		1180A East F	lallandale Blvd		-11			
(Mailing address MAY BE A POST OFFICE B	OX)	Hallandale Be	each, FL	7/		terri		
		33009			 			
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent:		:	our records, <u>ent</u>	er the	name o	f the new		
New Registered Office Address:	2999 NE 19	2999 NE 191 St. # Suite 407						
	Enter Florida street address							
		Aventura	, Florida		33180			
		City		2	Zip Code	!		
New Registered Agent's Signature, if changing Re	egistered Agent:							
I hereby accept the appointment as registered the provisions of all statutes relative to the pracept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this company has been notified in writing of the company has been notified in writing of this company has been notified in writing of this company has been notified in writing of this company has been notified in writing of the company has been notified in writing of this company has been notified in writing of the company has been notified in writing the company has	oper and complered agent as pegistered office of the hange.	ete performance rovided for in Ch	of my duties, and napter 608, F.S. cpnffm bot the	d I am f Or, if the limited	amiliar his docu d liabili	with and ment is ty		

Page 1 of 2

jm &

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Roberto Gelber Barki	2875 NE 191 St Suite 801 Aventura, Florida, 33180	Add ☑ Remove
MGR	Adriana Schein Rostovsky	2875 NE 191 St Suite 801 Aventura, Florida, 33180	Add Remove
MGR	Miriam Barki	Ramon Masini 3298 Apt 502 Montevideo, Uruguay	✓ Add Remove
MGR	Valeria Gelber	Constituyente 1493 Apt 904 Montevideo, Urugay	✓ Add ☐ Remove
			Add Remove
			Remove
D. If amendin	g any other information, enter change((s) here: (Attach additional sheets, if necessary.)	OU PI
Dated	October 17 , 201	1	– cu
	Roserto	ranthorized representative of a member Celucy printed name of signee	

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Filing Fee: \$25.00

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