# L11000027938

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T beine

# **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	JECT: GCK Consul- Name of Lin	tine LLC nited Liability Company	<del></del>
The e	enclosed Articles of Amendment and fee(s) are su	ubmitted for filing.	
Please	e return all correspondence concerning this matte	er to the following:	
	<u>Geidy</u>	EnriqueZ Name of Person	
		onsulting LLC Firm/Company	
	12797	V W 102 CT Address	
	Hiateah	Gardens FL 330 City/State and Zip Code	18
	9ckcons E-mail address:	@ gmail.com (to be used for future annual report notification	
For fi	iurther information concerning this matter, please	call:	\$50 2 AHASS
_G	Name of Person  osed is a check for the following amount:	at ( <u>186) 238 - 88</u> Area Code & Daytime Tele	
<b>A</b> .	25.00 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

(Name of the Limited Liability (A Florida Lin	Company as it now appears on our mited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Co. Florida document number 11100002793		7,2011 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and end with the word "L.L.C."	as "Limited Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		20 20 20 20 20 20 20 20 20 20 20 20 20 2	
(Principal office address MUST BE A STREET ADDRI	<u></u>		
Enter new mailing address, if applicable:		19 PM 19 19 19 19 19 19 19 19 19 19 19 19 19	
(Mailing address MAY BE A POST OFFICE BOX)		100 m	
B. If amending the registered agent and/or registered agent and/or the new registered office address.		cords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>Tiţle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
		<del></del>	Remove
			Remove
			子
			SSE 2
			Add Remove
			Add
			Remove

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(	IC' well now attend not only berokkeeping
. <u>o</u> -	1 small burness but also the management
· <u>o</u> -	I music talent with promoting, marketing
œ.	nd international booking.
Dated	Dept. 15-th, 2013.
	Linkons
	Signature of a member or anthorized representative of a member
	Geldy Enriguez Typed or printed name of signee
	D 0.60

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Filing Fee: \$25.00

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PALLAHASSEEL FLORIDA