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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	gistration Se vision of Cor		,	•	
SUBJECT:	ALL GSM	LLC			1
SOBJECT.		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	n all correspo	ondence concerning this matter	to the following:		
		ROSSANA VITERI			
			Name of Person		
		ALL GSM LLC		i	
			Firm/Company		
		12111 SW 113 AVE			
		 	Address		
		MIAMI, 33176			
			City/State and Zip Code		
		rossana@allgsmmiami.com			
For further is	nformation c	n-mair address: (i oncerning this matter, please ca	o be used for future annual report notifi ill:	cation)	
ROSSANA	VITERI		786 395 1138	i	
	Name o	f Person		Telephone Number	
Enclosed is a	a check for th	ne following amount:			1
□ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	- コ
MAILING ADDRESS:			STREET/COURIE		
		ation Section on of Corporations	Registration Section Division of Corpora		
		ox 6327 issee, FL 32314	Clifton Building 2661 Executive Cer Tallahassee, Fl. 323		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL GSM LLC		
(Name of the Lin	nited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
Articles of Organization for this Limited	Liability Company were filed on 03	/15/2011 and assigned
ida document number L11000031405		
amendment is submitted to amend the fo	Howing:	
f amending name, <u>enter the new name</u>	of the limited liability company he	ere:
new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "L.L.C." or the abbreviation "L.L.C."
er new principal offices address, if appl	icable:	
ncipal office address MUST BE A STRE	ET ADDRESS)	
		ı
er new mailing address, if applicable:		
iling address MAY BE A POST OFFICE	<u> </u>	
If amending the registered agent an		
stered agent and/or the new registered	office address here:	3 3
Name of New Registered Agent:	ROSSANA VITERI	17 23 FI
New Registered Office Address:	12111 SW 113 AVE	回り
-	Enter Flor	ida street address
	MIAMI	Florida 33176
	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 Begistered Agent, Signature of New Registered Agent

Page 1 of 3

	g Authorized Person(s) authorized to m difrom our records:	ianage, enter the title, name, and address o	f each person being ad
MGR = MAMBR = A	Manager Authorized Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	ROSSANA VITERI	12111 SW 113 AVE MIAMI, FL 3	■ Add
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			☐ Change
IGR	JAMES G VITERI	12111 SW 113 AVE MIAMI, FL 3	D Add
			Remove
4CD	COTEDO E VINACRE CADRILLA		Change
IGR 	SOTERO E VINAGRE CARRILLO	1327 W 80 STREET HIALEAH, F	Add
		-	Remove
			☐ Change
			Remove
			Change
			S AND
		Change Add Remove	
			Add
			Remove
			Change

			
			
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		22	. 8
	10/18/2017		·
ctive date, if other than the di effective date is listed, the date must b	se specific and cannot be prior to date of filin	g or more than 90 days after. I	nal) 2 1
If the date inserted in this bloc iment's effective date on the Dep	k does not meet the applicable statutory	filing requirements, this	date will hot be lister
anene's effective date on the Dep	arther of State S records.	Ċ	
ecord specifies a delayed one 90th day after the recor	effective date, but not an effect d is filed.	live time, at 12:01 a.	m, on the earliei
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d OCTOBER 18th	2017	2	I
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	1/1/	<u></u>	
	gnature of a member or authorized represer	native of a member	

Page 3 of 3

Filing Fee: \$25.00