

08/20/2015

07:43

TO:18506176383 FROM:9545102072

Page 3

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

H15000200290 3

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000200290 3)))



H150002002903ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GFB TAX SERVICE LLC

Account Number : I20120000047

Phone : (754)246-6160

Fax Number : (954)510-2072

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: GASTONBELEN@GFBTAXSERVICE.COM

FILED

2015 AUG 20 A 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
UNLTD LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

AUG 21 2015  
J. BRUCE

H15000200290 3

08/20/2015 6:17:06 PM

TO: 61500017574 FROM: 615002072/001

Fax, Pager 2



August 20, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

UNLTD LLC.  
320 S. FLAMINGO ROAD  
# 163  
PEMBROKE PINES, FL 33027

SUBJECT: UNLTD LLC.  
REF: L11000084920

FILED  
2015 AUG 20 A 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

FAX Aud. #: H15000200290  
Letter Number: 615A00017574

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P.O BOX 6327 - Tallahassee, Florida 32314

08/20/2015

07:43

TO:18506176383 FROM:9545102072

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**COVER LETTER**

**H15000200290 3**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: UNLTD LLC**

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

**GASTON BELEN**

Name of Person

**GFB TAX SERVICE LLC**

Firm/Company

**2200 N. COMMERCE PARKWAY, SUITE 200**

Address

**WESTON, FL 33326**

City/State and Zip Code

**GASTONBELEN@GFBTAXSERVICE.COM**

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

For further information concerning this matter, please call:

**GASTON BELEN**

Name of Person

**754 246-6160**

at ( )

Area Code

Daytime Telephone Number

2015 AUG 20 A 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H15000200290 3

UNLTD LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/22/2011 and assigned  
Florida document number L11000084920.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

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

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

**B. If amending the registered agent and/or registered office address on our records, enter name of the new  
registered agent and/or the new registered office address here:**

Name of New Registered Agent: GFB TAX SERVICE LLC

New Registered Office Address: 2200 N. COMMERCE PARKWAY, SUITE 200  
Enter Florida street address

WESTON, FL, Florida 33326  
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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	FEDERICO. P MADRID	MAESTRO SANTANA 633	<input type="checkbox"/> Add
		SAN ISIDRO, BUENOS AIRES, BA B1642-BQM AR	<input checked="" type="checkbox"/> Remove
MGR	GASTON F. BELEN	2200 N. COMMERCE PARKWAY, SUITE 200	<input checked="" type="checkbox"/> Add
		WESTON, FL. 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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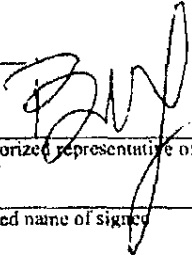
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **AUGUST 19**, **2015**

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**GASTON BELEN**

\_\_\_\_\_  
Typed or printed name of signer

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Filing Fee: \$25.00

**FILED**  
**2015 AUG 20 A 8:21**  
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