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EXAMINER



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## **COVER LETTER**

1.0 to 1	•					
SUBJECT:	GCE PLACE TO WORK, LLC					
Name of Limited Liability Company						
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		to the following.				
		DAVID CACERO				
	Name of Person					
	ACEVEDO & ASSOCIATES LLP Firm/Company					
rum/Company						
	5201 BLUE LAGOON DR #983					
	Address					
		MIAMI, FL 33126				
	City/State and Zip Code					
	DR.TAX@HOTMAIL.COM  E-mail address: (to be used for future annual report notification)					
	E-mail address: (	to be used for future annual report notifi	cation)			
For further information	concerning this matter, please of	call:				
DA\	/ID CACEROS	at (_305 )	716-4274			
Name of Person		Area Code & Daytime				
Enclosed is a check for	the following amount:					
\$25.00 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:

TO:

Registration Section Division of Corporations

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

GCE PLACE TO	O WORK, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our r Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on02/24	4/2012 and assigned
Florida document numberL12000026789		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
GRUPO CONSULTOR	EMPRESARIAL, LLC	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the do	esignation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:	7950 NW 53rd Street	
(Principal office address MUST BE A STREET ADDRESS)	STE 337	
	MIAMI, FL 33166	<b>2</b>
Enter new mailing address, if applicable:	7950 NW 53rd Street	
(Mailing address MAY BE A POST OFFICE BOX)	STE 337	
	MIAMI, FL 33166	S f. C
		DA W
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		rds, enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a 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 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 Title Name | **Address Type of Action** ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove □Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00