L12000152382

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# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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**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

RECEIVED 14 JUL 30 AM 9:46 FLORIDA DEPARTMENT OF STATE

FILED 14 JUL 30 AM 8:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
## TWO NATIONS LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | $25.00 |



ERM
7/31/14

# COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: TWO NATIONS 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

5210 SW 201st TERRACE
Address

SOUTHWEST RANCHES, FL 33332
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 at (754) 246-6160
Name of Person — Area Code — Daytime Telephone Number

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:**
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

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TWO NATIONS 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 04/18/2012 and assigned Florida document number L12000052382.

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 "L.L.C." or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**
***(Principal office address MUST BE A STREET ADDRESS)***

6303 BLUE LAGOON DRIVE
SUITE 400
MIAMI, FL 33126

**Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

6303 BLUE LAGOON DRIVE
SUITE 400
MIAMI, FL 33126

**B. If amending the registered agent and/or registered office address on our records, enter the 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: 6303 BLUE LAGOON DRIVE. SUITE 400
*Enter Florida street address*

MIAMI, Florida 33126
*City* *Zip Code*

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TALLAHASSEE, FLORIDA

**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

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGR | GASTON F. BELEN | 6303 BLUE LAGOON DRIVE<br>SUITE 400<br>MIAMI, FL 33126 | ☑ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |

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

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 JULY 18, 2014

Signature of a member or authorized representative of a member

GASTON BELEN

Typed or printed name of signee

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TALLAHASSEE, FLORIDA



**Filing Fee: $25.00**