

L12000118345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

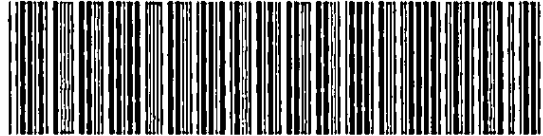
(Business Entity Name)

(Document Number)

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JAN 22 2018

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 JAN 24 AM 11:30

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GIONORDIC 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:

GIOCO TZU SANTOLALLA LEON

Name of Person

GIONORDIC LLC

Firm/Company

6500 CYPRESS RD #210

Address

PLANTATION, FL 33317

City/State and Zip Code

GIOSANTOLALLA@GMAIL.COM

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

For further information concerning this matter, please call:

GIOCO SANTOLALLA

954

6733052

at ( )

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

GIONORDIC LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	NORDIN CHENA	310 HOLLOWAY DR	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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18 JAN 27 AM 11:30

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated JANUARY 12 2017

Signature of a member or authorized representative of a member

## GIOCO TZU SANTO ALLA LEON

Typed or printed name of signee