

**43000015341**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

(((H14000148793 3)))



H140001487933ABC4

**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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 675-5944

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GSM INVESTMENTS GROUP LLC**

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

RECEIVED  
14 JUN 20 PM 4:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
14 JUN 20 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 23 2014

**S. YOUNG**

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

GSM Investments Group, 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 01/30/2013 and assigned  
Florida document number L13000015341

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 "L.L.C."

Enter new principal offices address, if applicable:

14850 SW 144th Terrace, Miami, Florida 33196

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

Enter new mailing address, if applicable:

14850 SW 144th Terrace, Miami, Florida 33196

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

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:

Joaquin Lopez

New Registered Office Address:

14850 SW 144th Terrace

Enter Florida street address

Miami

Florida 33196

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.*

Joaquin Lopez  
If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

H14000148793

FILED  
JUN 20 4:35  
TAMPA  
CLERK OF CIRCUIT COURT  
14

05/01/2032 06:18  
Jun. 20. 2014 4:05PM

#6654 P.003/004

No. 5/00 Y. 5

**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>
<u>Mgr</u>	<u>Lourdes Cuenca</u>	<u>801 Brickell Ave., #900, Miami, Florida 33131</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
<u>Mgr</u>	<u>Joaquin Lopez</u>	<u>14850 SW 144th Terrace, Miami, Florida 33196</u>	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
JUN 20 PM 3:54  
RECEIVED  
MAY 14 2014

#14000148793

05/01/2032 06:19  
Jun. 20. 2014 4:06PM

#6654 P.004/004  
H14000148793 No. 5700 P. 6

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 \_\_\_\_\_

  
Signature of a member or authorized representative of a member

Lourdes Cuenca

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

FILED  
14 JUN 20 PM 3:54  
SECRET  
TALLAHASSEE, FL 32399

H14000148793