

L1300002847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

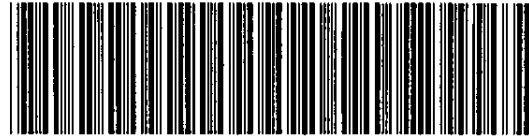
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13 MAR 11 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GSP LEGAL 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:

Vanessa Elmaleh

Name of Person

CILS INC

Firm/Company

407 LINCOLN RD #12f

Address

MIAMI FL 33139

City/State and Zip Code

USAVISA55@YAHOO.COM

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

For further information concerning this matter, please call:

Vanessa Elmaleh

Name of Person

at (786) 4233838

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

GSPLegal, 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 02/20/2013 and assigned
Florida document number L13000026847

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:

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

c/o Roger Slade

Boyd & Jenerette

801 Brickell Avenue, Suite 1440, Miami, FL 33131

Enter new mailing address, if applicable:

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

c/o Roger Slade

Boyd & Jenerette

801 Brickell Avenue Suite 1440, Miami, FL 33131

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:

Roger Slade

New Registered Office Address:

c/o Boyd & Jenerette, 801 Brickell Avenue, Suite 1440

Enter Florida street address

Miami

Florida 33131

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 Changing Registered Agent, Signature of New Registered Agent

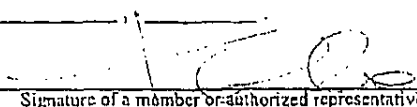
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RIZO MARULLO, FRANCESCO	130 3RD ST #105 MIAMI BEACH FL 33139	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	RIZZO MARULLO, FRANCESCO	1 BRICKELL SQUARE	<input checked="" type="checkbox"/> Add
		801 BRICKELL AV SUITE 1440	<input type="checkbox"/> Remove
		Miami FL 33131	
			<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

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

Dated 3/6/13


Signature of a member or authorized representative of a member

FRANCESCO SIBILLA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00