

L13000 158011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

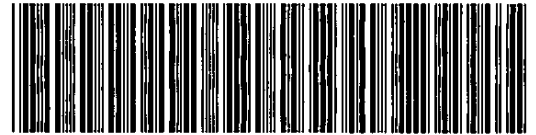
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2014

WILLIAM ALBORNOZ, ESQ
901 PONCE DE LEON BLVD STE 204
CORAL GABLES, FL 33134

SUBJECT: GULFILL GLOBAL LLC
Ref. Number: L13000158011

We have received your document for GULFILL GLOBAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 614A00019089

**LAW OFFICES OF
WILLIAM H. ALBORNOZ, P.A.
901 Ponce De Leon Blvd., Suite 204
Coral Gables, Florida 33134
Fax No. (305) 445-4971
Telephone No. (305) 444-1741**

August 20, 2014

Via Regular Mail

Florida Department of State
Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, Fl 32314

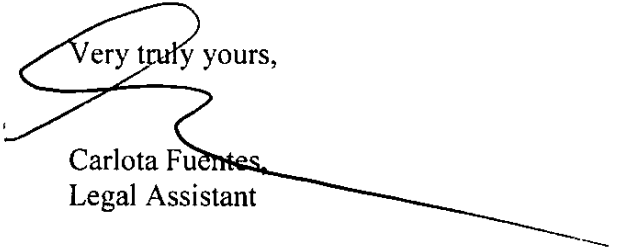
RE: Gulfill Global LLC, a Florida limited liability company
Our Client File Number 14-2923

Gentlemen:

Enclosed please find Articles of Amendment to Articles of Organization of Gulfill Global, LLC along with our check number No. 2191 in the amount of \$25.00.

Should you have any further questions, please do not hesitate to contact the undersigned.

Very truly yours,


Carlota Fuentes
Legal Assistant

cf/
Encl.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GULFILL GLOBAL 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:

William H. Albornoz, Esq.

Name of Person

William H. Albornoz, P.A.

Firm/Company

901 Ponce de Leon Boulevard, Ste. 204

Address

Coral Gables, Florida 33134

City/State and Zip Code

carlota@albolaw.com

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

For further information concerning this matter, please call:

William H. Albornoz, Esq. at **(305) 444-1741**

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

GULFILL GLOBAL 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 November 8, 2013 and assigned
Florida document number L 13000158011

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.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

901 Ponce de Leon Boulevard
Ste. 204
Coral Gables, Florida 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

901 Ponce de Leon Boulevard
Suite 204
Coral Gables, Florida 33134

B. If amending the registered agent and/or registered office address on our records, enter the name of the n
registered agent and/or the new registered office address here:

Name of New Registered Agent:

William H. Albornoz, P.A.

New Registered Office Address:

901 Ponce de Leon Boulevard, Ste. 204

Enter Florida street address

Coral Gables, Florida 33134

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.

William H. Albornoz
If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	Fabio Eduardo Cristilli	901 Ponce de Leon Blvd. Ste. 204, Coral Gables, FL 33134	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Elisa Mara Rocha Cristilli	901 Ponce de Leon Blvd., Ste. 204, Coral Gables, FL 33134	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> 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 August 8, 2014

X 

Signature of a member or authorized representative of a member

Fabio Eduardo Cristilli

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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