

# L14000021179

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan OCT 20 2015

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: GM. ELECTRONIC SOLUTION 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:

ARBA Sofia Donneys  
Name of Person

ASECON LLC  
Firm/Company

9737 NW 41ST Ste 385  
Address

Doral FL 33178  
City/State and Zip Code

asecon LLC @ Gmail. Com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARBA Sofia Donneys at (305) 3450415  
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

FILED

2015 OCT 19 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G. M. ELECTRONIC SOLUTION 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 02/07/2014 and assigned  
Florida document number L14000021179

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 contain 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)

TELIPE A. CARDONA  
4217 SW 186th AVE  
MIAMI FL 33029

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2757 NW 35 LN  
MIAMI FL 33172

**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:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida

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.*

If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	JACKSON-SUAREZ	4217 SW 186 <sup>th</sup> Ave	<input type="checkbox"/> Add
		Miramar FL 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MINDOSKA CRUZADO	4217 SW 186 <sup>th</sup> Ave	<input type="checkbox"/> Add
		Miramar FL 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FELIPE A CARDONA	4217 S.W 186 <sup>th</sup> Ave	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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Dated 10/13/2015, \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee