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.

(((H19000136213 3)))



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 : GFB TAX SERVICE LLC

Account Number : I20120000047 Phone : (754)246-6160 : (954)510-2072 Fax Number

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

Email Address: <u>qastonbelen@qfbtaxservice.com</u>

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GIOCHIPAY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Corporate Filing Menu

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K. SALY

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04/29/2019 10:26 AM PDT TO:18506176383 FROM:9545102072

Page: 2 н19000136213 3

COVER LETTER

	legistration Se Division of Cor			
611D1E/22	GIOCHIPA	Y LLC		
SUBJECT	L;	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	ım all correspo	ndence concerning this matter	to the following:	
		GASTON BELEN		
			Name of Person	
		GFB TAX SERVICE LLC		
			Firm/Company	
1110 BRICKELL AVE. SUITE 430				
			Address	0= 2-7
		MIAMI, FL 33131		
			City/State and Zip Code	
		gastonbelen@gfbtaxservice	com to be used for future annual report not	Office along V
For furthe	r information c	oncerning this matter, please c		meanony
GASTON	BELEN		754 246-6160	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
		ne following amount:	_	_
₩ \$25.00	O 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)
	MAIL.	ING ADDRESS:	STREET/COUR	IFR ADDRESS
Registration Section		Registration Section	no	
	P.O. Bo		Division of Corpo Clifton Building	
Tailahassee, FL 32314			2661 Executive Co	enter Circle

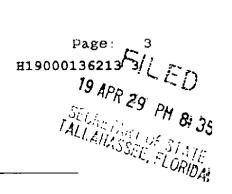
Tallahassee, FL 32301

04/29/2019

10:26 AM PDT

TO:18506176383 FROM:9545102072

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GIOCHIPAY LLC		1006
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Cilorida document number <u>L14000055715</u>	Company were filed on 04/04/2014	and assigned
Tais amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ade	istered office address on our records, <u>e</u> dress here:	nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		_
	, Floric	laZip Code
You Desistered Agent's Signature if shanging Degisters	•	1

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

04/29/2019 10:26 AM PDT TO:18506176383 FROM:9545102072 Page: 4
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
or removed from our records:

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MGR = Manager AMBR = Authorized Member

i`itle	<u>Name</u>	Address	Type of Action
MGR	Ivan J.Leoni	C/O GFB 1110 BRICKELL AVE	
		SUITE 430	
		MIAMI, FL 33131	□ Change
· 			Add
			Remove
			S F
			Add PH 99
			□ Change
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E. Effective	date, if other than the da	ate of filing:	(optional)	
			of filing or more than 90 days after filing.) Platutory filing requirements, this date wi	
	t's effective date on the Depa			
	rd specifies a delayed e Oth day after the record		effective time, at 12:01 a.m. or	the earlier of:
(3)				
Dated A	PRIL 25TH	2019	•	
		Zau.	()	
		gnature of a member or authorized r	representative of a member	
	311		-E	
	GASTON BELEN			

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