## L14 0000 89573

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## **COVER LETTER**

TO: Registration Se Division of Cor		• r	· 👸     🗲
	GIL	JVA LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David Somm	ner CPA	
		Name of Person	
		Firm/Company	
	9327 Lake S		
	JOZI Lake C	Address	
	Boca Raton,	, FL 33496	
		City/State and Zip Code	
	davidsommer@a	to be used for future annual report notifi	ication
For further information	concerning this matter, please co	·	out.
David Som		at (561) 866-40	622
	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

GIUVA LLC				
( <u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)			
The Articles of Organization for this Limited Liability Compa Florida document number <u>L14000089573</u> .	ny were filed onJune 4,2014	;	and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:		the name of the new	
The new name must be distinguishable and end with the words "Limited I	iability Company," the designation "LLC" or	the abbrev	iation "L.I	J.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered registered agent and/or the new registered office address by		ter the	name o	f the nev
Name of New Registered Agent:	Y	<u> </u>	1	
New Registered Office Address:			(:: <u>=</u>	<u>.</u>
	Enter Florida street address 		ল	• •••
	City		ip Cade	<del></del>
New Registered Agent's Signature, if changing Registered Age		50 j	ာ ဗာ	•
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my duties, and I a as provided for in Chapter 605, F.S.	am famia Or, if th	liar with us docun	and nent is

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Adriana Mirtha Ines Signorotto	Pasteur 667, Martinez, Buenos Aires, Argentina 1640	_ <b>■</b> Add
			_□ Remove
			_ _□ Add
			_□ Remove
			_ _□ Add
			_□ Remove
			_ □ Add
			Remove
			□ Add
			□ Remove
			_ Add
			□ Remove

. If amending any other inform	ation, enter change(s) here: (Attack	additional sheets, if necessary.)
	<u>``</u>	
the date this document is filed by the I	mot be prior to date of receipt or filed date and	(optional) d cannot be more than 90 days after
Dated June 10	20,14	
Adriana Mirt	Signature of a hiember of Althorized tepre ha Ines Signorotto	esentative of a member
7 WITH THE	Typed or printed name of	signee
		•

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Filing Fee: \$25.00

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