

LY000126290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

707



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2016

GLORIA BETANCOURT
21404 CYPRESS HAMMOCK DR APT 45-G
BOCA RATON, FL 33428

SUBJECT: GRAGUS US, LLC.
Ref. Number: L14000126290

We have received your document for GRAGUS US, LLC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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 Supervisor
Registration/Qualification Section

Letter Number: 416A00013944

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GRAGUS US,LLC

DOCUMENT NUMBER: L14000126290

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GLORIA E BETANCOURT

Name of Contact Person

GLOBE ACCOUNTING & TAX SERVICES LLC

Firm/ Company

21404 CYPRESS HAMMOCK DR. APT 45-G

Address

BOCA RATON, FL 33428

City/ State and Zip Code

GLOBEACCTAX @ HOTMAIL.COM

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

For further information concerning this matter, please call:

GLORIA E BETANCOURT

Name of Contact Person

at (954) 292-1572

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|---|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GRAGUS US, 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 08/12/2014 and assigned
Florida document number L 14000126290.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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>
AMBR	GRAGUS SUDAMERICA SRL	AV VELEZ SARSFIELD 195	<input checked="" type="checkbox"/> Add
		C1282AFB,BUENOS AIRES ARC	<input type="checkbox"/> Remove
		CUIT(VAT)30-70967036-7	<input type="checkbox"/> Change
PRES	GRANEROS SERGIO	6303 BLUE LAGOON DR.SUITE	<input type="checkbox"/> Add
		MIAMI,FL 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	STEFANO ADRIANA	6303 BLUE LAGOON DR. SUITE	<input type="checkbox"/> Add
		MIAMI, FL 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 JUL 19 AM 7:14
SECURITY DIV
ALLIANCE SEC. FLORIDA

16 JUL 15 AM 7: 11
 STATIONARY OFFICE
 MIAMI FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated 06/27/2016

SERGIO GRANEROS

Filing Fee: \$25.00