

12/15/2016 09:24
12/15/2016

From: 9543002100 GBS Group Web Fax
Division of Corporations

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L14000140670

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GBS CONSULTANTS, INC.
Account Number : I20050000012
Phone : (954)659-8835
Fax Number : (954)301-0417

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

Email Address: _____

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16 DEC 15 AM 9:43
TALLAHASSEE, FLORIDA

RECEIVED
2016 DEC 15 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CAPICCIO LLC

Certificate of Status	0
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12/15/2016 09:24

From: 9549087130 GBS Group Webfax

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Add Manager and Change Registered Agent for Capicchio, 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:

Jorge Fernandez

Name of Person

GBS Group

Firm/Company

3350 SW 148th Ave Suite 120

Address

Miramar, FL 33027

City/State and Zip Code

ruben.amero@kannashoes.com

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

For further information concerning this matter, please call:

Jorge Fernandez

954

908-7188

Name of Person

at ()

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

Capiccio, 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 09/09/2014 and assigned Florida document number L14000140670.

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:

505 Sawgrass Corporate Parkway

(Principal office address MUST BE A STREET ADDRESS)

Sunrise, FL 33325

Enter new mailing address, if applicable:

505 Sawgrass Corporate Parkway

(Mailing address MAY BE A POST OFFICE BOX)

Sunrise, FL 33325

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:

GBS Group

New Registered Office Address:

3350 SW 148th Ave Suite 120

Enter Florida street address

Miramar

Florida 33029

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.

George Fernandez

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	Ruben Amaro	505 Sawgrass Corporate Parkway	<input checked="" type="checkbox"/> Add
		Sunrise, FL 33325	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

16 DEC 5 AM 5:40
FLORIDA
STATE
SECRETARY
OF
STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-11-2001 BY 60322
UCBAW

ALL SHASSEE FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 11/11

record is filed.

Signature of a member or authorized representative of a member

Juan de la Cruz
Typed or printed name of signer