

LIS000091891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

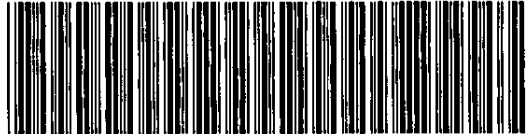
(Business Entity Name)

(Document Number)

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2015 SEP 18 PM 12:58
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

N Culligan SEP 21 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G5C 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:

MAURO M LORENZONI

Name of Person

G5C LLC

Firm/Company

4329 SUMMIT CREEK BLVD #2305

Address

ORLANDO, FL 32837

City/State and Zip Code

mmlorenzoni@outlook.com

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

For further information concerning this matter, please call:

FELIPE MARDAKIS

407 766-9890
at ()

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 SEP 18 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GSC 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 05/26/2015 and assigned
Florida document number L15000091891.

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)

4329 SUMMIT CREEK BLVD. # 2305

ORLANDO, FL 32837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4329 SUMMIT CREEK BLVD. # 2305

ORLANDO, FL 32837

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

City, Florida 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 | BIANCA S POLIMENO | Rua General Camara, Apt 3 | <input type="checkbox"/> Add |
| | | V. Humaita, Santo Andre, SP | <input checked="" type="checkbox"/> Remove |
| | | 09121-130 BR | <input type="checkbox"/> Change |
| AMBR | FERNANDA B PONTONI | Rua das Flores 85 Apt 141 Blc 2 | <input type="checkbox"/> Add |
| | | Sao Bernardo do Campo, SP | <input checked="" type="checkbox"/> Remove |
| | | 09726-310 BR | <input type="checkbox"/> Change |
| AMBR | JEAN F POLIMENO | Rua General Camara, Apt 3 | <input type="checkbox"/> Add |
| | | V. Humaita, Santo Andre, SP | <input checked="" type="checkbox"/> Remove |
| | | 09121-130 BR | <input type="checkbox"/> Change |
| AMBR | LEANDRO T PONTONI | Rua das Flores 85 Apt 141 Blc 2 | <input type="checkbox"/> Add |
| | | Sao Bernardo do Campo, SP | <input checked="" type="checkbox"/> Remove |
| | | 09726-310 BR | <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 |

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

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CLERK OF DISTRICT COURT
JULIA HARRIS, CLERK

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 September 11 2015

Signature of a member or authorized representative of a member

MAURO LORENZONI, AMBR

Typed or printed name of signee