

6/16/2015

Division of Corporations  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**H150001471873**

**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.**

((H150001471873)))



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**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  
 Fax Number : (954)510-2072

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

Email Address: gastonbelen@gfbtaxservice.com

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

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

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 TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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COVER LETTER

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TO: Registration Section  
Division of Corporations

SUBJECT: **AMRV 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:

**GASTON BELEN**

Name of Person

**GFB TAX SERVICE LLC**

Firm/Company

**2200 N. COMMERCE PARKWAY. SUITE 200**

Address

**WESTON, FL 33326**

City/State and Zip Code

**GASTONBELEN@GFBTAXSERVICE.COM**

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

For further information concerning this matter, please call:

**GASTON BELEN**

Name of Person

**754 246-6160**

at (

Area Code

Daytime Telephone Number

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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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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AMRV 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 06/05/2015 and assigned  
Florida document number L15000099007

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 end with 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 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:

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MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>              | <u>Address</u>                   | <u>Type of Action</u>                      |
|--------------|--------------------------|----------------------------------|--|
| MGR          | VICTORIA PRADO FERNANDES | 21205 YACHT CLUB DRIVE. APT 2005 | <input type="checkbox"/> Add               |
|              |                          | AVENTURA, FL 33180               | <input checked="" type="checkbox"/> Remove |
| MGR          | RICARDO PRADO FERNANDES  | 21205 YACHT CLUB DRIVE. APT 2005 | <input type="checkbox"/> Add               |
|              |                          | AVENTURA, FL 33180               | <input checked="" type="checkbox"/> Remove |
|              |                          |                                  | <input type="checkbox"/> Add               |
|              |                          |                                  | <input type="checkbox"/> Remove            |
|              |                          |                                  | <input type="checkbox"/> Add               |
|              |                          |                                  | <input type="checkbox"/> Remove            |
|              |                          |                                  | <input type="checkbox"/> Add               |
|              |                          |                                  | <input type="checkbox"/> Remove            |
|              |                          |                                  | <input type="checkbox"/> Add               |
|              |                          |                                  | <input type="checkbox"/> Remove            |

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

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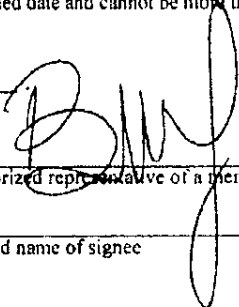
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 16, 2015



Signature of a member or authorized representative of a member

**GASTON F. BELEN**

Typed or printed name of signer

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Filing Fee: \$25.00

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