# L15000138040

Office Use Only



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## COVER LETTER.

| TO:           |          | stration Sect<br>sion of Corp |  |   |  |  |  |  |
|---------------|----------|-------------------------------|--|---|--|--|--|--|
| SUBJE         | ·CT·     | GBS USA L                     | LC   |   |  |  |  |  |
| SODJE         | .CI      |                               | Name of Limi                                 | <del></del>   |  |  |  |  |
|               |          |                               | ,  |   |  |  |  |  |
| The end       | closed   | Articles of A                 | mendment and fee(s) are sub-                 | mitted for filing.  |  |  |  |  |
| Please        | return a | all correspon                 | dence concerning this matter                 | to the following:   |  |  |  |  |
|               |          |                               | Luis Juarez                                  |   |  |  |  |  |
|               |          |                               |  | Name of Person  |  |  |  |  |
|               |          |                               | " <sup>1</sup>                               | Lein Ferding  |  |  |  |  |
|               |          |                               | Firm/Company                                 |   |  |  |  |  |
|               |          |                               | 6170 SW 24th Place #17                       | 12  |  |  |  |  |
|               |          |                               |  | Address   |  |  |  |  |
|               |          |                               | Davie, FL 33314                              |   |  |  |  |  |
|               |          |                               | luis.juarez@gojvtec.com                      | City/State and Zip Code   |  |  |  |  |
|               |          |                               | ification)                                   |   |  |  |  |  |
| For fur       | ther in  | formation co                  | ncerning this matter, please ca              | all:  |  |  |  |  |
| Luis J        | uarez    |                               | •  | 786 4516929   |  |  |  |  |
|               |          | Name of                       | Person                                       |   | ne Telephone Number  |  |  |  |
| Enclose       | ed is a  | check for the                 | following amount:                            |   |  |  |  |  |
| <b>☑</b> \$25 | 5,00 Fi  | ling 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

| GBS USA LLC  |   |                           |  |  |
|--|---|---------------------------|--|--|
| ( <u>Name of the Limited Liabil</u><br>(A Florid   | ity Company as it now appears on our records.) a Limited Liability Company) |                           |  |  |
| The Articles of Organization for this Limited Liability C<br>Florida document number <u>L15000138040</u> |   | and assigned              |  |  |
| This amendment is submitted to amend the following:  |   |                           |  |  |
| A. If amending name, enter the new name of the lim   | ited liability company here:  |                           |  |  |
| The new name must be distinguishable and contain the words "Lir  | nited 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 ADD   | RESS)   | <u></u>                   |  |  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                     |   | 8                         |  |  |
| B. If amending the registered agent and/or regi<br>registered agent and/or the new registered office add |   | enter the name of the nev |  |  |
|  |   |                           |  |  |
| 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>               | Type of Action |
|--------------|----------------|------------------------------|----------------|
| MGR          | Leonardo Rojas | 6170 SW 24th Place #112 Davi |                |
|              |                |                              | □ Remove       |
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| ective date, if other than the effective date is listed, the date muse: If the date inserted in this bl | date of filing:  t be specific and cannot be ock does not meet the a   | prior to date of filing o               | or more than 90 days affiling requirements, t | <b>tional)</b><br>ter filing.) Pursuant to 605.<br>his date will not be liste | 020<br>d a |
| ument's effective date on the D   |  |   |   |   |            |
| record specifies a delayed<br>ne 90th day after the rec   | l effective date, bu<br>ord is filed.  | t not an effectiv                       | e time, at 12:01                              | a.m. on the earlie  | r          |
| March 20th  | 2017   |   |   |   |            |
| ed March 20th   |  |   | Sec.  |   |            |
|   |  |   |   |   |            |

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Filing Fee: \$25.00