

# L15000158139

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

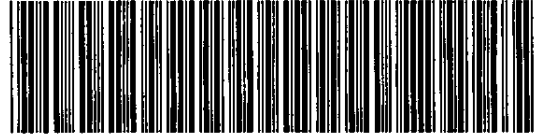
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

N. Gulligan NOV 18 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: US GSM INVESTMENTS 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:

\_\_\_\_\_  
GIULIANO A MORALES

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
US GSM INVESTMENTS LLC

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
6930 BYRON AVE SUITE 203-10

\_\_\_\_\_  
Address

\_\_\_\_\_  
MIAMI BEACH, FL 33141

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
NATHALIEGIANSANTI@HOTMAIL.COM

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

For further information concerning this matter, please call:

\_\_\_\_\_  
GIULIANO A MORALES

\_\_\_\_\_  
at ( 786 ) 273-6261

\_\_\_\_\_  
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 NOV 17 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

US GSM INVESTMENTS 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 09/17/2015 and assigned  
Florida document number L15000158139.

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:

6930 BYRON AVE SUITE 203-10

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI BEACH, FL 33141

Enter new mailing address, if applicable:

6930 BYRON AVE SUITE 203-10

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI BEACH, FL 33141

**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:

6930 BYRON AVE SUITE 203-10

*Enter Florida street address*

MIAMI BEACH

*City*

Florida 33141

*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>
MGR	GUILIANO A MORALES	6930 BYRON AVE SUITE 203-10	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JACKELINE GIANANTI	6930 BYRON AVE SUITE 203-10	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	NATHALIE GIANANTI	6930 BYRON AVE SUITE 203-10	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
WASHINGTON, D.C.

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11/12/2015

**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.

Dated NOVEMBER 11, 2015

Signature of a member or authorized representative of a member

~~GIULIANO A. MORALES~~

Typed or printed name of signee