

L15000 163913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

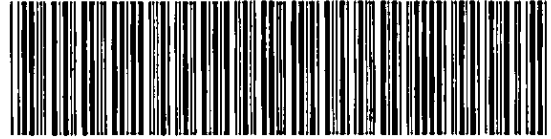
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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JUN 11 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GTE GRUPO 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:

RAFAEL ALVAREZ  
Name of Person  
GTE GRUPO, LLC  
Firm/Company  
1322 SE 46TH LANE, SUITE 104  
Address  
CAPE CORAL, FL 33904  
City/State and Zip Code  
ralvarez17@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL ALVAREZ at ( 239 ) 677-7297  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

GTE GRUPO 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 9/25/2015 and assigned  
Florida document number L15000163913.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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:

RAFAEL ANTONIO ALVAREZ FONSECA

New Registered Office Address:

1322 SE 46TH LANE, SUITE 104

*Enter Florida street address*

CAPE CORAL

*City*

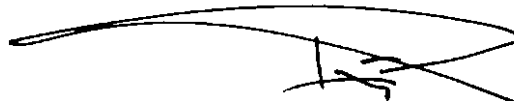
Florida

33904

*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          | RAFAEL ALVAREZ  | 6120 TARPON ESTATES BLVD     | <input type="checkbox"/> Add               |
|              |                 | CAPE CORAL, FL 33914         | <input checked="" type="checkbox"/> Remove |
|              |                 |                              | <input type="checkbox"/> Change            |
| MGR          | RAFAEL ANTONIO  | 1322 SE 46TH LANE, SUITE 104 | <input checked="" type="checkbox"/> Add    |
|              | ALVAREZ FONSECA | CAPE CORAL, FL 33904         | <input type="checkbox"/> Remove            |
|              |                 |                              | <input type="checkbox"/> Change            |
|              |                 |                              | <input type="checkbox"/> Add               |
|              |                 |                              | <input type="checkbox"/> Remove            |
|              |                 |                              | <input type="checkbox"/> Change            |
|              |                 |                              | <input type="checkbox"/> Add               |
|              |                 |                              | <input type="checkbox"/> Remove            |
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|              |                 |                              | <input type="checkbox"/> Change            |

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(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)

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

Dated JUNE 6TH, 2018

Signature of a member or authorized representative of a member

RAFAEL ALVAREZ

Typed or printed name of signee