

04/26/2017

09:21 AM PDT

TO:18506176383 FROM:9545102072

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4/26/2017

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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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.

((H17000114335 3))



H170001143353ABCZ

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 : 120120000047
Phone : (754)246-6160
Fax Number : (954)510-2072

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

Email Address: GASTONBELEN@GFBTAXSERVICE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
20291 NE 30 AVE, LLC

Certificate of Status	0
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Page Count	01
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APR 27 2017

S. YOUNG

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: 20291 NE 30 AVE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees 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

2833 EXECUTIVE PARK DR. SUITE 200

Address

WESTON, FL 33331

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

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 26 AM 9:56

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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20291 NE 30 AVE 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 10/28/2015 and assigned
Florida document number L15000183192.

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)

C/O GFB TAX 2833 EXECUTIVE PARK DR
SUITE 200
WESTON, FL 33331

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O GFB TAX 2833 EXECUTIVE PARK DR
SUITE 200
WESTON, FL 33331

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:

GFB TAX SERVICE LLC

New Registered Office Address:

2833 EXECUTIVE PARK DR. SUITE 200

Enter Florida street address

WESTON

Florida 33331

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

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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>
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MGR

CAROLINA DUER

115 E Palm Midway

☐ Add

MIAMI BEACH, FL 33139

☒ Remove

MGR

CAROLINA DUER

C/O GFB TAX 2833 EXECUTIVE PARK DR SUITE 200

☒ Add

WESTON, FL 33331

☐ Remove☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) H17000114335 3

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 **APRIL 26** **2017**

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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STATE
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TALLAHASSEE, FLORIDA
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