

L160000013222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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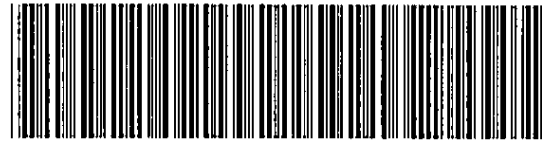
(Business Entity Name)

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2018 APR -11 PM 4:43
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APR 05 2019
C McNAIR



Diego L. Restrepo, P.A.
Attorneys at Law

Member:
Florida Bar Association

2600 S Douglas Road, Suite 913
Coral Gables, Florida 33134

Telephone: (305) 447-9430
Fax: (305) 448-5541

E-Mail: diego@restrepolaw.com

Member:
Florida Institute of Certified
Public Accountants

April 1st, 2019

Certified Mail Return Receipt Requested
No. 7017 3380 0000 6302 6231

Florida Department of State
Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

2019 APR -4 PM 4:43
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FALLA HALL

Ref: Gilvico Consulting LLC ("the Company")
Articles of Amendment to Articles of Organization

To whom it may concern:

In response to your letter Number 319A00005680 dated March 22nd, 2019 enclosed please find the corrected Articles of Amendment to the Articles of Organization for the Company. Please apply check No. 1577 in the amount of US\$25.00 payable to the Florida Department of State to cover the filing fee.

Should you have any question, please do not hesitate to call us.

Very truly yours,

Diego L. Restrepo, P.A.

By: 
Luisa Elena Cuadrado, Paralegal

w/ enclosures

COVER LETTER

TG: Registration Section
Division of Corporations

SUBJECT: GILVICO CONSULTING LLC

Name of Limited Liability Company

2018 APR -6 PM 4:45
S. J. ALABAMA
S. J. ALABAMA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIEGO L. RESTREPO ESQ.

Name of Person

DIEGO L. RESTREPO P.A.

Firm/Company

2600 SOUTH DOUGLAS ROAD, SUITE913

Address

CORAL GABLES, FL 33134

City/State and Zip Code

LUISA@RESTREPOLAW.COM

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

For further information concerning this matter, please call:

DIEGO L. RESTREPO ESQ.

305- 447-9430

at ()

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**

GILVICO CONSULTING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2018 APR -4 PM 4:43
FILED
CLERK OF COURT
JULIA M. BROWN, CLERK

The Articles of Organization for this Limited Liability Company were filed on 01/19/2016 and assigned
Florida document number L16000013222.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

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>	<u>Type of Action</u>
MGR	ALAIX JAVIER	2600 SOUTH DOUGLAS ROAD, SUITE 913	☐ Add
		CORAL GABLES, FL 33134	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change

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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 MARCH 7 , 2019

Diego Mayf

Signature of a member or authorized representative of a member

DIEGO L. RESTREPO ESQ., AUTHORIZED REPRESENTATIVE

Typed or printed name of signee