L16000013222

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2019 APR -4 PM 12:13

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DIRLAW

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

2019 APR -4 PM 4:43

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

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

TO: Registration Section
Division of Corporations

2019 APR -4 PM 4:43

SUBJECT: GILVICO CONSULTING 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:

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. at (305- 447-9430
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

2016 APR -4 PM 4:45

GILVICO CONSULTING 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 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

Title	Name	Address	Type of Action
MGR	ALAIX JAVIER	2600 SOUTH DOUGLAS ROAD, SUITE 913	☐ Add
		CORAL GABLES, FL 33134	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated MARCH 7, 2019

Diego M. R.

Signature of a member or authorized representative of a member

DIEGO L. RESTREPO ESQ., AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Filing Fee: $25.00