

L16000091206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

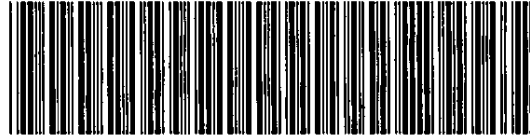
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 AUG -8 PM 12:11

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K. SALLY
EXAMINER
AUG 10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2016

AMITIE USA CORP
MONICA MAYER
1805 PONCE DE LEON BLVD, SET. 501
CORAL GABLES, FL 33128

SUBJECT: GIKE LLC
Ref. Number: L16000091206

We have received your document for GIKE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 916A00014645

July 13, 2016

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MONICA MAYER
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Karen A Saly
Regulatory Specialist II Letter Number: 916A00014645

www.sunbiz.org
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida
32314

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2016 AUG - 8 PM 3:43

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GIKE 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:

MONICA MAYER
Name of Person

AMITIE USA CORP
Firm/Company

1805 PONCE DE LEON BLVD. STE 501
Address

CORAL GABLES, FL 33128
City/State and Zip Code

MMAYER@AMITIEUSA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUBEN LAZO at (786) 667-1704
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

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	DIEGO L. RUTTI	18420 NE 27TH COURT	<input type="checkbox"/> Add
		AVENTURA, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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 2006 AUG 8 PM 12:11
 CLERK OF DISTRICT COURT
 FALL ANSSEE FLORENCE

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

N/A

2016 AUG - 8 PM 12:11
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SECRETARY OF STATE
TALLEHUAHUA, FLORIDA

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

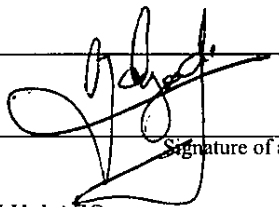
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 JULY 07, 2016



Signature of a member or authorized representative of a member

RUBEN H. LAZO

Typed or printed name of signee