

L16 000091206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

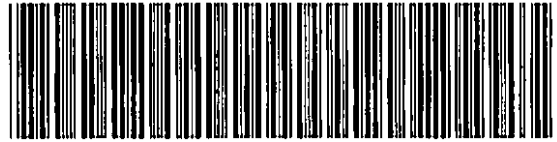
(Document Number)

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FILED
STATE
CORPORATIONS
19 APR 22 PM 12:15

Amend

APR 25 2019

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GIKE LLC

DOCUMENT NUMBER: L1600091206

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cesar Shlain
Name of Contact Person

Consulting & Service Solution Corp
Firm/ Company

2020 NE 163 ST SUITE 300D
Address

MIAMI, FL 33162
City/ State and Zip Code

info@csstax.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cesar Shlain at (754) 227-4895
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 19 MAR 22 PM 12:15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2019

CESAR SHLAIN
CONSULTING & SERVICE SOLUTION CORP
2020 NE 163 ST., SUITE 300D
MIAMI, FL 33162

SUBJECT: GIKE LLC
Ref. Number: L16000091206

We have received your document for GIKE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 019A00006768

2019 APR 22 PM 3:00
OFFICE OF THE
TALLAHASSEE

RECEIVED

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:

Cesar Shlain

Name of Person
Consulting & Service Solution Corp

Firm/Company
2020 NE 163 ST SUITE 300D

Address
MIAMI, FL 33162

City/State and Zip Code
info@csstax.com

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

For further information concerning this matter, please call:

Cesar Shlain at (754-227-4895)

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

SECRETARY OF STATE
DIVISION OF CORPORATE & FINANCIAL SERVICES
19 MAR 22 PM 12:15

GIKE 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 05/10/2016 and assigned Florida document number L16000091206.

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 "L.L.C." 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)

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: _____

New Registered Office Address: _____

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	MARIA RODRIGUEZ	500 BAYVIEW DR, APT. 721	<input type="checkbox"/> Add
		SUNNY ISLES BEACH	<input type="checkbox"/> Remove
		FL 33160	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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