LILCC095058

(Requestor's Name)			
(Addr	ess)		
(Addr			
	555)		
(City/s	State/Zip/Phon	e #)	
_	_	_	
		MAIL	
Busi	ness Entity Nar	me)	
(840)	liou chuy ha		
(Docι	iment Number)	)	
Certified Copies	Certificate	s of Status	
Special Instructions to Fil	ling Officer:		

•

1



03/30/17--01017--017 \*\*25.00

17 ; 

Office Use Only



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 31, 2017

VICTOR MUNOZ 9455 SW 170 PASSAGE MIAMI, FL 33196

2017 APR 25 թիկ կ։ . : ទា

. ....

SUBJECT: GSS GREEN SOURCES, LLC Ref. Number: L16000095058

We have received your document for GSS GREEN SOURCES, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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

Octavia I Simmons Regulatory Specialist II

Letter Number: 217A00006242

COVER LETTER	COV	ΈR	LET	TER
--------------	-----	----	-----	-----

## TO: Registration Section Division of Corporations

SUBJECT:	GSS	GREEN	SOURCES,	LLC
			imited Liability Comp	

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

Please return all correspondence concerning this matter to the following:

	Name of Person
	GSS GREEN SOURCES, LLC
	Firm/Company
	9455 SW 170 PASSAGE
	Address
	Minni, FL., 33196
-	City/State and Zip Code
-	E-mail address: (to be used for future annual report notification)

Victor Muroz at (305) 8349482 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 2664 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF A TO ARTICLES OF OF OF	) RGANIZATION			
(Name of the Limited Liability Company (A Florida Limited Liability Company)	y as it now appears on our records.) ability Company)			
The Articles of Organization for this Limited Liability Company were filed on $\frac{05/16/2016}{L16000095058}$ and assigned				
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liabil</u>		27 27		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "1.1.C" or the abbre	eviation "L.L.C."		
Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STREET ADDRESS)</u>	9455 SW 170 PASSAG Migui, FL., 33196			
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	9455 SW 170 PASSAC Miami, FL., 33196			

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	(No CH)	ance)
New Registered Office Address:	9455 SW 170 P Enter Florid	A SALE
	MiAMi	Florida <u>33196</u>
	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
AMBR	MARTHA Y. ELARSA	10050 5W 13Z AVE	🗆 Add
		MiAui, FL., 33186	Remove
			Change
AMBR	JESSICA DEEAMUNO	9455 SW 170 PASSAGE	Add
		Mimi, FL., 33196	Remove
			Change
		<u></u>	O Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			☐ Change
			Remove
			🗆 Add
		·	Remove
			Change
·			0 Add
			🖸 Remove
		- <u>-</u>	Change

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

A

•

.



## 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) <u>Note:</u> 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 _	APRIL	17		
				1/1/m
	Signature of a member or authorized representative of a member			
			Victor H. MUND	Z

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00