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2017 JUN 15 PM 3: 24

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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: GASOVI CC  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:
JUAN F GALLU SOTUMAYOT
GASCVI CCC
16608 SW 78 ter Address
Address
Miami FL 33193  City/State and Zip Code
City/State and Zip Code  TVanf-6ALLOS G. Cmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tuan FGALLO SULO MAGYON at (786) 636-5224  Name of Person Area Code Daytime Telephone Number
Daytine Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

#### 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

2017 JUN 15 PM 3: 24

GASOVI LLC

		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our ted Liability Company)	records.)  Records.)  Records.)  Records.)
The Articles of Organization for this Limited Liability Comparison of the Articles of Organization for this Limited Liability Comparison of the Articles of Organization for this Limited Liability Comparison of the Articles of Organization for this Limited Liability Comparison of the Articles of Organization for this Limited Liability Comparison of the Articles of Organization for this Limited Liability Comparison for the Articles of Organization for this Limited Liability Comparison for the Articles of Organization for this Limited Liability Comparison for the Articles of Organization for the Organization for	any were filed on $UE/U$	$\frac{\partial J/2\partial I7}{\partial I}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L		
Enter new principal offices address, if applicable:	16608 5	FL 33193
(Principal office address MUST BE A STREET ADDRESS	Miami	FL 33193
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address I		ecords, <u>enter the name of the nev</u>
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 = Au	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Julia J Sotomayor Moni	tero 16608 SW 78+er	D Add
		Miami FL 33193	□ Remove
			Change
<u>AMBR</u>	PaoLA MVIVANCO Fuertas	s 16608 SW 78+Cr	Add
		Miami FL 33193	Remove
			Change
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Note:	tive date, if other than the date of filing:  \( \begin{align*} \times \begin{align*} \t
e re Thi	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o e 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00