

L16000209794

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GOLD LEVE; BUILDING SOLUTIONS 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:

ANA CASTRO

Name of Person

AMC PROFESSIONAL SERVICES INC

Firm/Company

6921 WEST FLAGLER STREET

Address

MIAMI FL 33144

City/State and Zip Code

AMCACCOUNTING86@GMAIL.COM

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

For further information concerning this matter, please call:

ANA CASTRO

305 642-2070
at ()

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**

GOLD LEVEL BUILDING SOLUTIONS 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 NOVEMBER 16, 2016 and assigned
Florida document number L16000209794.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GOLD LEVEL SOLUTIONS LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

10700 CITY CENTER BLVD #5101

PEMBROKE PINES, FL 33025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10700 CITY CENTER BLVD #5101

PEMBROKE PINES, FL 33025

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:

MARIA FLORENCIA PEREYRA ARANDIA

New Registered Office Address:

10700 CITY CENTER BLVD #5101

Enter Florida street address

PEMBROKE PINES

City

Florida

33025

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

When 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>
AMBR	MARIA F PEREYRA ARANDIA	10700 City Center Blvd 5101	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA F PEREYRA ARANDIA	1737 Coronel Diaz Av	<input type="checkbox"/> Add
		3rd Floor Ste 13	<input checked="" type="checkbox"/> Remove
		Ciudad Autonoma De BS AS, BA	<input type="checkbox"/> Change
MGR	Alejandro F Sanchez Dominguez	1512 Ironbark Dr	<input type="checkbox"/> Add
		Henderson, NV 89014	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated August 18th 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

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