# L16000211563

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# **COVER LETTER**

TO: Registration S Division of Co		* ************************************				
SUBJECT:	GB TECHNOL	LOBY GAOUP LLC				
3000001.	Name of Lin	nited Liability Company				
The enclosed Articles of	The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:				
	JUL	io HABIB HANZ	٤			
		Name of Person				
		Firm/Company				
	1819 CO	VINGTON COVE U	MARI			
		City/State and Zip Code				
	Thab16( E-mail address: (	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	COM fication)			
For further information	concerning this matter, please c	all:				
JULIO 1	4. HANZE	at ( <u>40 }</u> ) <u>70 9</u> Area Code Daytim	-9970.			
Name	of Person	Area Code Daytim	e 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



March 15, 2017

JULIO HABIB HANZE 5819 COVINGTON COVE WAY ORLANDO, FL 32829

SUBJECT: GB TECHNOLOGY GROUP LLC

Ref. Number: L16000211563

We have received your document for GB TECHNOLOGY GROUP 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 817A00004999

17 FEB 27 AH ID: 19

## ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

6B technologe	sy Edoup LLC
(Name of the Limited Liability Compa	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{2/6002/1563}{}$ .	were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	
	FEB 27
Enter new mailing address, if applicable:	·
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	office address on our records, enter the name of the new
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 .

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> **Address Type of Action** MGR JULIO HANZE GR. 9341 Ghadow PINOT CT Dulnudo, PL 32825 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Note: If the date inserted in this block of	specific and cannot be prior to date of filing or more than 90 days does not meet the applicable statutory filing requirements, then the state is records.	optional) after filing.) Pursuant to 605.0207 this date will not be listed as
Note: If the date inserted in this block of document's effective date on the Depart ne record specifies a delayed eff	does not meet the applicable statutory filing requirements, then of State's records.  Fective date, but not an effective time, at 12:0	this date will not be listed as
Note: If the date inserted in this block of document's effective date on the Depart the record specifies a delayed eff. The 90th day after the record	does not meet the applicable statutory filing requirements, then of State's records.  Fective date, but not an effective time, at 12:0	this date will not be listed as
Note: If the date inserted in this block of document's effective date on the Depart the record specifies a delayed eff. The 90th day after the record.  Dated HAULOF	does not meet the applicable statutory filing requirements, then of State's records.  Fective date, but not an effective time, at 12:0	this date will not be listed as

Page 3 of 3

Filing Fee: \$25.00