

17000031915

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

O: Registration Section  
Division of Corporations

SUBJECT: GURTLER HOLDINGS 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:

Nicolas Gurtler  
Name of Person

GURTLER HOLDINGS LLC  
Firm/Company

200 S Biscayne Blvd, STE 4100 (S/D)  
Address

Miami / FL 33131  
City/State and Zip Code

birch@vtxmail.ch  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicolas Gurtler at (561) 202 0985  
Name of Person Area Code Daytime Telephone Number

(or + 41-79-503 6736)

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**

\_\_\_\_\_  
(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 21/14/2017 and assigned  
Florida document number L 17 000031915

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 "LLC" 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

IGR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Nicolas Gurtler</u>	<u>Mayfair House, #903</u>	<input checked="" type="checkbox"/> Add
		<u>3590, S. Ocean Blvd</u>	<input type="checkbox"/> Remove
		<u>FL 33480 - 5750 Palm Beach</u>	<input checked="" type="checkbox"/> Change
<u>1 MBR</u>	<u>Christoph Gurtler</u>	<u>Mayfair House, #903</u>	<input checked="" type="checkbox"/> Add
		<u>3590 S. Ocean Blvd</u>	<input type="checkbox"/> Remove
		<u>FL 33480 - 5750 Palm Beach</u>	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Effective date, if other than the date of filing: as soon as possible (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)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

a) The date of filing.  
b) The 90th day after the record is filed.

Dated 7/28/17

N. G. Gertler  
Signature of a member or authorized representative of a member

Nicolas Gertler  
Typed or printed name of signer