

**L17000034953**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

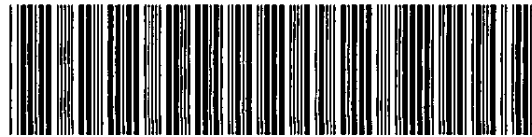
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

K. SALY

JUN - 9 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GB Pflucker 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:

Giuliana P. Bedoya  
Name of Person

GB Pflucker LLC  
Firm/Company

11303 NE 11th Place  
Address

Biscayne Park, FL 33161  
City/State and Zip Code

giulibp@live.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giuliana P. Bedoya at ( 786 ) 269-8163  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**This amendment is submitted to amend the following:**

**The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."**

***(Mailing address MAY BE A POST OFFICE BOX)***

\_\_\_\_\_, **Florida** \_\_\_\_\_  
*City* *Zip Code*

## Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Gaston E. Pflucker	11303 NE 11th Place Biscayne Park	<input type="checkbox"/> Add
		Fl. 33161	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Giuliana P. Bedoya	11303 NE 11th Place Biscayne Park	<input checked="" type="checkbox"/> Add
		Fl. 33161	<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

(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)

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 June 5, 2017

Gilana P. Bedoya

Signature of a member or authorized representative of a member

Giuliana P. Bedoya

Typed or printed name of signee