Division of Corporations Electronic Filing Cover Sheet

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H170003018243ABC-

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ALPHA BUSINESS CONSULTING, LLC

Account Number : I2008000001 Phone

: (407)582-9830

Fax Number

: (407)294-7677

**Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN G1 BUSINESS, LLC

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Corporate Filing Menu

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COVER LETTER

ro:	Registration Section Division of Corporations		
SUBJEC	G1 BUSINESS, LLC		
SODJE	Name of Limited Liability Company		
rott.	to all the first terms and find the first terms and the first terms are the first terms and the first terms are the first terms and the first terms are the first term		
	sed Articles of Amendment and fee(s) are submitted for filing.		
Please n	urn all correspondence concerning this matter to the following:		
	MARIA PINHEIRO		
	Name of Person		
	ALPHA BUSINESS CONSULTING, LLC		
	Firm/Company		
	7022 CARLENE DR		
	Address		
	ORLANDO, FL 32835		
	City/State and Zip Code		
	pinheiromaria@att.net		
	E-mail address: (to be used for future annual report notification)		
For furt	er information concerning this matter, please call:		
MARIA	PINHEIRO 407 582-9830		
	Name of Person Area Code Daytime Telephone Number		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



G1 BUSINESS, 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 Florida document number L17000152056	Company were filed on 07/14/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li-	mited liability company here:
The new pame must be distinguishable and contain the words "L	imited 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 ADI	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered 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 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 filled to merely reflect a change in the registered office address: thereby 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	Windborse Investments LLC	1950 Hugues Landing Blvd	■ Add
		Unit 528	Remove
		The Woodlands, TX 77380	☐ Change
			D Add
			□ Remove
			□ Change
			FILE DE SAND
			SSET Change FLORIDGE STORY
			□ Change
			□ Remove
			Change
			□ Add
			Remove
			☐ Change

PARTNES	PERCENTAGE OF PARTICIPATION	NAME
MGR	18.19%	HAIMANN SERVICES LLC
MGR	9.09%	AZEVEDO COSTA INVEST LLC
MOR	9.09%	GIAT LLC
MGR	9,09%	EMPIRA CORP
MGR	9.09%	UBER LAND INVESTILLC
MGR	9.09%	SCUDEZE INVESTMENTS LLC
MGR	9.09%	UBER LAND INVEST LLC SCUDEZE INVESTMENTS LLC M2 REALTY CENTER LLC HHEP BUSINESS LLC SCHALTRI REAL STATE WINDHORSE INVESTMENTS LLC
MGR	9.09%	HHEP BUSINESS LLC
MGR	9.09%	SCHALTRI REAL STATE
MOR	9.09%	WINDHORSE INVESTMENTS LLC
TOTAL	100%	
effective date in	f other than the date of filling: listed, the date must be specific and cannot be prior inserted in this block does not meet the applicative date on the Department of State's records	(optional) to dete of filing or more than 90 days after filing.) Pursuant to 605.02: table standtory filing requirements, this data will not be listed to
record spec		ot an effective time, at 12:01 a.m. on the earlier

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Typed or printed name of signee

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November 16, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

G1 BUSINESS, LLC 3889 GARDEN PLAZA WAY #6022 ORLANDO, FL 32837

SUBJECT: G1 BUSINESS, LLC

REF: L17000152056

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representativo.

Please return the corrected original and one copy of 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.

Judy A Leggett Regulatory Specialist II Registration Section FAX Aud. #: H17000301824 Letter Number: 317A00023238

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