

L17000262184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

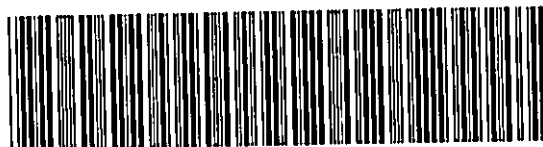
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DIVISION OF INFORMATION
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JUL 05 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GBP GVI 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:

Keyla D'Paola
Name of Person

ConsulTeam LLC
Firm/Company

2600 S Douglas Rd
Address

Coral Gables Florida 33134
City/State and Zip Code

Keyla.dpaula@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keyla D'Paola at (305) 5107689
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

GBP GV 1 LLC

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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	Global Business properties GUIL	465 Brickell Avenue	<input type="checkbox"/> Add
		Suite 3302	<input checked="" type="checkbox"/> Remove
		Miami FL 33131	<input type="checkbox"/> Change
MGR	Sean Claudio Vera	465 Brickell Ave	<input checked="" type="checkbox"/> Add
		Suite 3302	<input type="checkbox"/> Remove
		Miami FL 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

ADD EIN : 82 3881461

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DIVISION OF CORPORATIONS

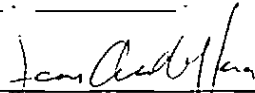
E. Effective date, if other than the date of filing: _____ (optional)

(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:
(b) The 90th day after the record is filed.

Dated 06/25/2018



Signature of a member or authorized representative of a member

Jean Claude Vera

Typed or printed name of signee