

L18 0000 83263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

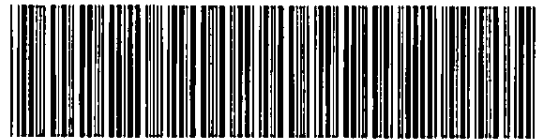
(Business Entity Name)

(Document Number)

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2021 NOV -9 PM 4:32
FEB 20 2021
FEB 20 2021

A. BUTLER

NOV 22 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GCV 2018 INVESTMENTS 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:

MARIANA DE LA VEGA

Name of Person

GCV 2018 INVESTMENTS LLC

Firm/Company

175 SW 7TH ST #1107

Address

MIAMI, FL 33130

City/State and Zip Code

MAURO@CANDMCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAURO G SCATTOLINI

305 517-3791

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

GCV 2018 INVESTMENTS LLC

2021 NOV -9 PM 4:32

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

FILED
STATE
CLERK

The Articles of Organization for this Limited Liability Company were filed on 04/02/2018 and assigned
Florida document number L18000083263.

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

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	SALAZAR VILLANUEVA, PABLO	175 SW 7TH ST	<input type="checkbox"/> Add
		1107	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33130	<input type="checkbox"/> Change
MGR	DE LA VEGA, MARIANA	230 EAST 20TH ST	<input checked="" type="checkbox"/> Add
		APT 13	<input type="checkbox"/> Remove
		NEW YORK, NY 10003	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Dated OCTOBER 1ST 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00