# 118000099472

(Req	uestor's Name)	
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SECRETARY OF STATE
DIVISION OF CORPORATION

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# **COVER LETTER**

TO: Registration S Division of Co			
GIRALCI SUBJECT:	COMMUNICATION LLC		
	Name of Lim	ated Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ELVERTH E GRALDO I		
		Name of Person	·
	GIRALCH COMMUNICA	ATION LLC	
		Firm/Company	<del> </del>
	929 SW 122 AVE		
		Address	
	MIAMI, FL 33184		
	·····	City/State and Zip Code	
	ELVERTHGH@HOTMA1		
		to be used for future annual report notif	leation)
For further information	concerning this matter, please c	all:	
ELVERTH GIRALDO	GONZALEZ	786 724-8384	
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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GIRALCH COMMUNICATION			
(Name of the Lin	ited Liability Com (A Florida Limite	pany as it now appears on our record Liability Company)	(ls.)
The Articles of Organization for this Limited	Liability Compa	ny were filed on 04/19/2018	and assigned
Florida document number L18000099472	····································		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, <u>enter the new name</u>	of the limited li	ability company here:	
The new name must be distinguishable and contain the	words "Limited Lir	bility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	cable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	SION OF
<u>Mailing address MAY BE A POST OFFICE</u>	EBON)	<del></del>	RRY OF CORP
3. If amending the registered agent and egistered agent and/or the new registered			
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street uddre	200
		F	lorida
		City	Zin 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

Title	<u>Name</u>	Address	Type of Action
MBR	DIANA E CHINCHILLA DELGA)	CARRERA 16#10A SAN ANTON	
		BOGOTA COLOMBIA,CO10221	■ Remove
			Change
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Signature of a member or authorized representative of a member	cord specific 90th day a	7 374	In.			······································		

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Filing Fee: \$25.00