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FILED
JAN 25 2019
TALLAHASSEE, FL

2019 JAN 25 PM 12:40

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GCTVONE, 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:

LUZ MARINA HERNANDEZ

Name of Person

ACCOUNTING & INCOME TAX SERVICES CORP

Firm Company

5532 SW 16TH PLACE

Address

MIAMI, FL 33185

City State and Zip Code

GISELLE.CASA@AOL.COM

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

For further information concerning this matter, please call:

JORGE RIVERO

504 339-5869
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2019 JAN 25 PM 12:40

SIGNATURE
TALLAHASSEE, FL

GCTVONE, 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 Company were filed on 04-30-2018 and assigned
Florida document number L18000104381.

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:

GISELLE CASAS GARCIA

New Registered Office Address:

4840 NW 7 STREET, APT 421

Enter Florida street address

MIAMI

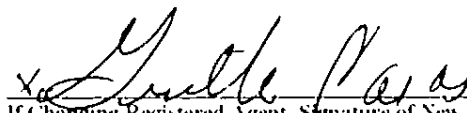
City

Florida 33126

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>
RA	GISELLE CASAS GARCIA REGISTERED AGENT	4840 NW 7 STREET, APT 421 MIAMI, FL 33126	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
RA	JORGE RIVERO REGISTERED AGENT		<input type="checkbox"/> Add
		4005 N. WIDMERE STREET HARVEY, LA 70058	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JORGE RIVERO MGRM		<input type="checkbox"/> Add
		4005 N. WIDMERE STREET HARVEY, LA 70058	<input checked="" 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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ARTICLE V

The name and address of managing member is:

GISELLE CASAS GARCIA

4840 NW 7 STREET, APT 421

MIAMI, FL 33126

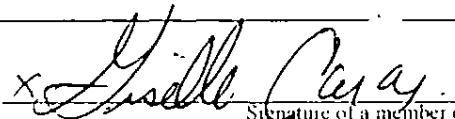
E. Effective date, if other than the date of filing: _____ (optional)

(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 DECEMBER 22, 2018

x 

Signature of a member or authorized representative of a member

GISELLE CASAS GARCIA, MGRM

Typed or printed name of signee