

LI90000 18516

 (Requestor's Name)

 (Address)

 (Address)

 (City/State/Zip/Phone #)

PICK-UP WAIT MAIL

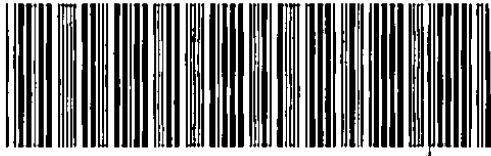
 (Business Entity Name)

 (Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



30033435717

017 12 12 11

SEC. TALLAHASSEE FL

2019 SEP 25 AM 11:12

007 11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gelsa Real Estate 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:

Erika Schlacter
Name of Person

CLOSINGS.com Inc.
Firm/Company

1124 Kane Concourse
Address

Bay Harbor Islands, FL 33154
City/State and Zip Code

erika@closings.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erika Schlacter at (786) 210-9273
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

**TO
ARTICLES OF ORGANIZATION
OF**

Gelsa Real Estate 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 11/6/19 at
Florida document number 49000018516.

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

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 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 Cod

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 conform to 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

2019 SEP 25 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FL

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>T</u>
<u>MGR</u>	<u>Erika Schlatter</u>	<u>1124 Kane Concourse</u>	<input type="checkbox"/>
		<u>Bay Harbor Islands, FL</u>	<input type="checkbox"/>
		<u>33154</u>	<input type="checkbox"/>
<u>MGR</u>	<u>Gelsa Holdings S.A,</u>	<u>Mill Mall 2nd Floor</u>	<input type="checkbox"/>
	<u>a BVI company</u>	<u>Chera Chambers, Wickhams</u>	<input type="checkbox"/>
		<u>P.O BOX 3163</u>	<input type="checkbox"/>
		<u>Road Town Tortola VG1111</u>	<input type="checkbox"/>
		<u>British Virgin Islands</u>	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Lined area for text entry.

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 **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 ea (b) The 90th day after the record is filed.

Dated September 23, 2019.

Isra-el Sadouteh

Signature of a member or authorized representative of a member

Isra-el Sadouteh

Typed or printed name of signee