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2019 OCT -8 PM 5: 44

OCT 2.8 2019 C. Kinse,

COVER LETTER

Division of Corporations MULTISERVICIOS GNS 3000 LLC - SUBJECT: _____ 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: GABRIEL SUBOTIC Name of Person MULTISERVICIOS GNS 3000 LLC Firm/Company 1424 NE MIAMI PL Address MIAMI, FL 33132 City/State and Zip Code CANDAEXPENSES@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANTONIO COA Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

TO:

Registration Section

☐ \$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Fiting 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

MULTISERVICIOS GNS 3000 LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records. Limited Liability Company)	.)
he Articles of Organization for this Limited Liability Coorida document number L19000097621		and assigned
nis amendment is submitted to amend the following:	_ '	
. If amending name, enter the new name of the limi	ted liability company here:	
e new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		201 1
Principal office address MUST BE A STREET ADDR	PESS)	2019 007
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		. co
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		omen by the state of the state
		· · · · · · · · · · · · · · · · · · ·
 If amending the registered agent and/or registered agent and/or the new registered office addition 		enter the name of th
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Fla	rida
	City	ridaZip 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>	1 ype of Action
AMBR	GABRIEL SUBOTIC	1424 NE MIAMI PL	
		MIAMI, FL 33132	Remove
			Change
AR	ANTONIO COA	1424 NE MIAMI PL	Add
		MIAMI, FL 33132	
			Change
MGR	ANTONIO COA	1424 NE MIAMI PL	
		MIAMI, FL 33132	Remove
			☐ Change
			Add
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active date if at	her than the date of	filing		(optional)	
n effective date is liste te: If the date inse	ed, the date must be speci	fic and cannot be prion not meet the application	cable statutory filing	re than 90 days after filing requirements, this date	.) Pursuant to 605.020
	s a delayed effect ter the record is f		ot an effective ti	me, at 12:01 a.m.	on the earlier o
OCTOBER 04	1	2019			
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Typed or printed name of signee

Filing Fee: \$25.00