# L19000304Z69

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## **COVER LETTER**

# Registration Section Division of Corporations

SUBJECT:	G&B Capita			
		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Gregory Balsamello		
			Name of Person	<del></del>
			Firm/Company	_ <del></del>
		635 Quail Keep Dr.		
			Address	<del></del>
		Safety Harbor, FL 34695		
			City/State and Zip Code	
		gbalsa16@gmail.com	18.6	
			o be used for future annual report	notification)
For further in	iformation co	oncerning this matter, please ca	ill:	
Gregory Bal	samello		813 326-550 <sup>6</sup>	
	Name of	Person	at ()	time Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	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

G&B Capital LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our reco limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Cor Florida document number L19000304269	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Gregory Balsamello LLC		
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable:	ed Liability Company," the designation "LI	.C" or the abbreviation "L.L.C,"
		L A
(Principal office address MUST BE A STREET ADDRE	<u></u>	<u>ω</u> ;
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		PH 3: 26
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>ente</u>	er the name of the new registered
agent and/of the new registered office address here.		
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida street addr	ress
		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

ig Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added sed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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Effective date, if other than the if an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	st be specifie lock does no	and cannot bot meet the	applicable	ate of tiling statutory	or more the	n 90 days afte	ional) er filing.) Pu is date will	rsuant to 60 I not be lis	5.0207 (: ted as th
e record specifies a delayed effective dis filed.	ze date, but	not an effec	ctive time.	at 12:01 a	m. on the	earlier of: (	b) The 90	)th day afte	er the
January 30th		2020							
Jated									
Dated	Signature o	ulla	<u> </u>						

Filing Fee: \$25.00