

L200000031929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

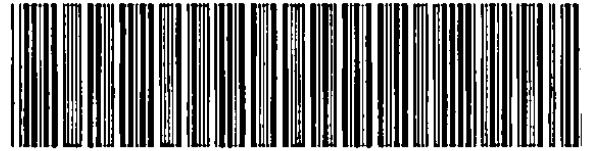
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2022 NOV 22 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FL



GB Internatio

November 18, 2022

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

Please find enclosed the form for the amendment of removal of Stephanie Garcia.

Also find enclose check #116 in the amount of \$25.00 as payment for the filing fee.

If you have any questions or concerns, please do not hesitate to contact me at 305.898.0650 or by email at maria@evolvwellness.com.

Thank you in advance for the attention to this matter.

Sincerely,

Maria Aguilera
Director
GB International, LLC
10651 N. Kendall Drive, Suite #118
Miami, FL 33176
305.342.2919
maria@evolvwellness.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GB International, 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:

Maria T Aguilera

Name of Person

GB International, LLC

Firm/Company

10651 N Kendall Drive, Suite #118

Address

Miami, FL 33176

City/State and Zip Code

maria@evolvwellness.com

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

For further information concerning this matter, please call:

Maria T Aguilera

Name of Person

at (305)

Area Code

342-2919

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

2022 NOV 22 PM 2:15

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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

[illegible]

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

N/A

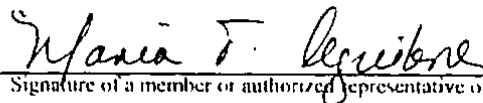
E. Effective date, if other than the date of filing: _____ (optional)

(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 November 11, 2022


Signature of a member or authorized representative of a member

Maria T Aguilera

Typed or printed name of signee

Filing Fee: \$25.00