Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000215573 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : GFB TAX SERVICE LLC

Account Number : I20120000047 Phone : (754)246-6160

Fax Number : (954)510-2072

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: GASTONBELEN@GASTONBELENCPA.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN E MOVE LLC

Certificate of Status	0
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Corporate Filing Menu

S. YOUNG

JUL 1-0-2020-

Help

COVER LETTER

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TO: Registration Sec Division of Corp			
E MOVE L			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	GASTON BELEN		
		Name of Person	
	GFB TAX SERVICE LLC		
		Firm/Company	
	1110 BRICKELL AVE ST	E 719	
		Address	******
	MIAMI, FL 33131		
	<u> </u>	City/State and Zip Code	
	GASTONBELEN@GASTO		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please co	all:	
GASTON BELEN		754 246-6160 at ()	
Name o	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Solvision of Control of Control of 2415 N. Monroll Tallahassee F	orporations Tallahassee oc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

H20000215573 3

E MOVE LLC	ighility Company as it now appears on our records.)
(A Fi	iability Company as it now appears on our records.) Iorida Limited Liability Company)
The Articles of Organization for this Limited Liabili	ity Company were filed on and assigned
Florida document number L20000079814	
-Iorida document number	
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	: limited liability company here:
	202
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable	:
(Principal office address MUST BE A STREET A	DDRESS)
	9.00
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	X)
B. If amending the registered agent and/or registagent and/or the new registered office address he Name of New Registered Agent:	stered office address on our records, <u>enter the name of the new register</u> <u>ere</u> :
N. D. C. LOW Address	
New Registered Office Address:	Enter Florida street address
	, Florida
-	City Zip Code
New Registered Agent's Signature, if changing Regis	istered Agent:
	gent and agree to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper a accept the obligations of my position as register	and complete performance of my duties, and I am Jamiliar with and red agent as provided for in Chapter 605, F.S. Or, if this document is issistered office address, I hereby confirm that the limited liability

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

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DE NINIS, ELIANA	C/O GFB TAX 1110 BRICKELL AVE, 719	🗀 Add
		MIAMI, FL 33131	Remove
			Change
MGR	PUEBLA, GUSTAVO OCTAVIO	C/O GFB TAX 1110 BRICKELL AVE, 719	= Add
		MIAMI, FL 33131	□ Remove
			□Change
			□Add
			ПРетюче
			Change
			□Add
			□Remove
			Change
			□ Add
		□Remove	
			Change
			□Add
			Remove
			□Change

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record specifies I is filed.	a delayed effective d	ate, but not an ef	Tective time, at 1	12:01 a.m. on the	earlier of: (b) Th	e 90th day after the
Pated		· · · · · · · · · · · · · · · · · · ·	20			
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u	Sig	gnature of a member	er or authorized re	presentative of a m	ember	<u>-</u>