## L20000118536

(Requ	estor's Name)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	
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## **COVER LETTER**

TO:	Registration Sec Division of Corp		2,	
		GYP CONCIE	ERTOS USA, LLC.	
SUBJE	ECT:	Name of Lim	ited Liability Company	<del></del>
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
		GERARDO AM	1ADO	
			Name of Person	
		GYP CONCIER	TOS USA, LLC.	
			Firm/Company	
		5031 WILES RD	# 305	
			Address	<del></del>
		COCONUT CRE	EK, FL 33073	
			City/State and Zip Code	
		LATINTAX@H		
		E-mail address: (	to be used for future annual report noti	fication)
For fur	ther information co	oncerning this matter, please ca	all:	
	GERARDO AMA	DO	954 775-7652 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	e following amount:		
<b>□</b> \$2:	5.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 KI 19 PH 6: 49

GYP CONCIERTO		77.00		
(Name of the Limited Lia (A Flo	bility Company as it now appears ourida Limited Liability Company)	1 our records.)		
The Articles of Organization for this Limited Liability Florida document number L20000118536	y Company were filed on <u>05/05</u>	/2020	and assigned	
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the l	limited liability company here	:		
The new name must be distinguishable and contain the words	Limited Liability Company," the desig	ination "LLC" or the at	obreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	<u>DDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on o address here:	ur records, enter	the name of the ne	
New Registered Office Address:	Enter Florida street address			
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registe	ered Agent:			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	d complete performance of my Lagent as provided for in Cha tered office address. I hereby o	eduties, and Lam j upter 605, F.S. Or.	tamiliar with and if this document is	

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

AMDK = 8	Authorized Member	2920 HAY 19 Fit 6: 49 Type of Ac			
<u>Title</u>	<u>Name</u>	Address	Type of Action		
AMBR	GERARDO BERNAL	5461 NW 49 th CT	Add		
		Coconut Creek, Fl 33073	Remove		
			Change		
AMBR WA	WALTER BERNAL	5461 NW 49th Ct	Add		
		Coconut Creek, Fl 33073	Remove		
			□ Change		
AMBR	HECTOR BERNAL 5031 wiles Rd # 305	5031 wiles Rd # 305			
		☐ Remove			
		25%	☐ Change		
			Add		
			□ Remove		
			☐ Change		
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			□ Remove		
			Change		
			Add		
			Remove		
			Change		

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Typed or printed name of signee

Filing Fee: \$25.00