

10/22/21, 2:33 PM

Division of Corporations

L21000074900

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TUCONTADORENMIAMI.COM LLC

Account Number : I20200000152

Phone : (561)341-1582

Fax Number : (561)264-6286

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 OCT 25 PM 3:55

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
G7 TECHBROKER LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

OCT 26 2021

S. PRATHER

2021 OCT 25 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: G7 TECHBROKER 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:

Pablo E Goyenechea
Name of Person

GOYENECHEA PROFESSIONAL SERVICES LLC
Firm/Company

3175 S CONGRESS AVE, SUITE 305-B
Address

PALM SPRINGS, FLORIDA 33461
City/State and Zip Code

admin@gpscontador.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pablo E Goyenechea at (561) 341-1582
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

G7 TECHBROKER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2021 OCT 25 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/12/2021 and assigned
Florida document number L21000074900.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

151 MARKHAM G

DEERFIELD BEACH, FL 33442

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

GOYENCHEA PROFESSIONAL SERVICES LLC

New Registered Office Address:

3175 S CONGRESS AVE, SUITE 305-B

Enter Florida street address

PALM SPRINGS

Florida

33461

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.

Pablo Goyenechea

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> | <u>Type of Action</u> |
|--------------|---------------------------------|--|--|
| MGR | Varela Varela, Cesar A | 221 W HALLANDALE BEACH BLVD, SUITE 312 | <input type="checkbox"/> Add |
| | | HALLANDALE BEACH, FL 33009 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| P | Valencia Marin, Guillermo L. Sr | 151 MARKHAM G | <input checked="" type="checkbox"/> Add |
| | | DEERFIELD BEACH, FL 33442 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| VP | Valencia Latorre, Andres F | 151 MARKHAM G | <input type="checkbox"/> Add |
| | | DEERFIELD BEACH, FL 33442 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

[illegible]

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 October 22nd, 2021

Andres F Valencia Latorre

Signature of a member or authorized representative of a member

ANDRES F VALENCIA LATORRE

Typed or printed name of signee

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TALLAHASSEE, FLORIDA