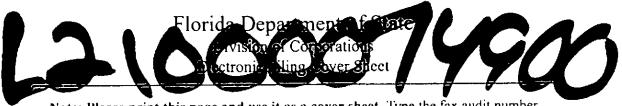
1/21/22, 12:51 AM

From: +15612646286 (FAX.PLUS)

Division of Corporations



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.

(((H22000027318 3)))



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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 : (561)264-6286 Fax Number

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

C41	Address:			

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

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX Help JAN 24 2022

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		(COVER LETTER		
то:	Registration Sec Division of Corp		w ·	4	•
	, ,	G7 TECH	IBROKER LLC		
SUBJ	EGE:	Name of Limi	ted Liability Company		
The er	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspor	ndence concerning this matter	to the following:		
			Pablo E Goyenechea		
			Name of Person		
		GOYENEG	CHEA PROFESSIONAL SE	RVICES LLC	
			Firm/Company		
		3175	S CONGRESS AVE. SUITE	E 305-B	
			Address		
		PA	LM SPRINGS, FLORIDA 33	3461	
			City/State and Zip Code		
			admin@gpscontador.com		
		E-mail address: (to be used for future annual repo	rt notification)	
For fu	irther information co	oncerning this matter, please co	all:		
	Pablo E Go	yenechea	561 at ()	341-1582	
	Name of	f Person	Area Code D	Paytime Telephone Number	
	ised is a check for the	ne following amount: ☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed		of Status &
	Mailing Addres		Street Addr		
	Registration S Division of C		Registratio Division o	n Section f Corporations	
	P.O. Box 632	-		of Tallahassee	
	Tallahassee, I	FL 32314	2415 N. M	onroe Street, Suite 810)

Tallahassee, FL 32303

0

From: +15612646286 (FAX.PLUS)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G7 TE	ECHBROKER LLC				
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears Limited Liability Company)	on our records.)			
he Articles of Organization for this Limited Liability C	Company were filed on	02/12/2021	and assigned		
orida document numberL21000074900					
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the lim	ited liability company her	<u>·e</u> :			
he new name must be distinguishable and contain the words "Lin	nied Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."		
nter new principal offices address, if applicable:		<u> </u>			
Principal office address MUST BE A STREET ADDI	RESS)				
			2		
nter new mailing address, if applicable:		<u>; - </u>	2		
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>		
		. · 	2 [
			-0 (T		
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	d office address on our re	cords, <u>enter the nam</u>	e of the new regist		
	CDC C	ONT A DOD	54 S		
Name of New Registered Agent:	Grs C	ONTADOR			
New Registered Office Address:	RESS 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 Goyeuechea

If Changing Registered Agent, Signature of New Registered Agent

(3)

From: +15612646286 (FAX.PLUS)

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Remove
			□Change
			Change
			🗀 Add
			Remove
			□Remove
			Change
			🗀 Add
			Remove
			□Change

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Effective da	te, if other than the date of	iling:(optional)
If an effective of Note: If the	date is listed, the date must be specificate inserted in this block does.	and cannot be prior to date of filing or more than 90 days after filing or meet the applicable statutory filing requirements, this date	g.) Pursuant to 605.0207 (will not be listed as t
	effective date on the Departmen		
e record spec	ifies a delayed effective date, bu	not an effective time, at 12:01 a.m. on the earlier of: (b) T	he 90th day after the
rd is filed.			
		2022	
Dated	January 21st	2022	
_	<u> </u>	adres Felipe Valeucia Latorre of a member of authorized representative of a member	
	Signature	of a member or authorized representative of a member	
		Andres F Valencia Latorre	

Filing Fee: \$25.00