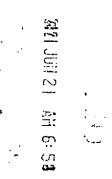
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COVER LETTER

TO:

Registration Section

Division of	Corporations		
SUBJECT:	GESTORES USA, LLC	•	
	Name of Lin	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	MARIA	A ALEJANDRA GONZALEZ FÉR	RER
		Name of Person	
	GEST	ORES USA	
		Firm/Company	
	3301 NE 5TH AVE,	APT 1220	
		Address	
	MIAMI, FL 33	137	
		City/State and Zip Code	
	GESTORE	SUSA@GMAIL.COM	
	E-mail address: (to be used for future annual report notif	ication)
For further information	on concerning this matter, please c	all:	പര വിവ
	RA GONZALEZ FERRER	714-628 at (786)	
Nac	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	e 対 \$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)
P.O. Box 6	on Section f Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe	porations

Tallahassee, FL 32303

, ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GESTORES USA, L	LC 建对 JUN 21 AH 6: 58
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Compan	
Florida document number <u>L21000185643</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	N/A
New Registered Office Address:	
-	Enter Florida street address
	. Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

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<u>Title</u>	<u>Name</u>	Address 21 JUN 21 AH 6: 58	Type of Action
MGR	MARIA ALEJANDRA GONZALEZ FER	RRER / 3301 NE 5TH AVE. APT 1220, MIAMI FL 3313	57 XIAdd
AMBR ————	MAGALY FERRER	3301 NE 5TH AVE, APT 1220, MIAMI FL 33137	XJAdd
			□Remove
			🗆 Change
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			_ □Remove
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ctive	date, if other than the date of filing: $\underline{}$	5/01/2021 (optional)	
effectiv or Hirl	re date is listed, the date must be specific and cannot are date inserted in this block does not must the	be prior to date of filing or more than 90 days after filing) Pursuant	to 605.02
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filed.	certies a delayed effective date, but not an effe	ctive time, at 12:01 a.m. on the earlier of: (b) The 90th da	y after th
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	A NAISAM	m D	
		or authorized representative of a member	

Typed or printed name of signee

Date of this notice: 05-06-2021

Employer Identification Number:

86-3699162

Form: \$S-4

Number of this notice: CP 575 A

GESTORES USA LLC GESTORES USA % MARIA A GONZALEZ FERRER SOLE MBR 3301 NE 5TH AVE APT 1220 MIAMI, FL 33137

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 86-3699162. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 940 Form 944 01/31/2022 01/31/2022

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

•

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is GEST. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records. ______

CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

999999999

Your Telephone Number	Best Time to Call	DATE OF THIS NOTICE: (05-06-2021
() –		EMPLOYER IDENTIFICATION	NUMBER: 86-3699162
		FORM: SS-4	NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 Mobilehiolinidadialianidadidad

GESTORES USA LLC GESTORES USA % MARIA A GONZALEZ FERRER SOLE MBR 3301 NE 5TH AVE APT 1220 MIAMI, FL 33137