L22000181196

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COVER LETTER

SUBJEC	T.	GSP BANCO	DE FOMENTO MERCAN	TIL LLC	
SUBJEC			Name of Lim	ited Liability Company	
			mendment and fee(s) are sub	-	
			MARK ANGELL		
				Name of Person	
			MARK ANGELL		
				Firm/Company	
			1075 ROSEWOOD DRIV		
					
			GRAPEVINE, TX 76051		
			angellmark92@gmail.com	City/State and Zip Code	2023 FEB 2
For furthe	er infe	ormation con	E-mail address: (accerning this matter, please c	to be used for future annual report notification) all:	2
MARK A	ANGE	ELL		682 226-9167 at ()	
_	-	Name of F	Person	Area Code Daytime Telephone Nu	
Enclosed	is a c	heck for the	following amount:		
⊠ \$25.0	00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, tificate of Status & tified Copy titional 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

GSP BANCO DE FOMENTO MERCANTIL LL		
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our records, lited Liability Company))
The Articles of Organization for this Limited Liability Comp	pany were filed on 04/15/2022	and assigned
Florida document number L22000181196		
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 ADDRES.	<u>s</u>	
		SEALT.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		INTERIOR D
B. If amending the registered agent and/or registered of	fice address on our records, <u>enter t</u>	he name of the new registered
agent and/or the new registered office address here:		- ω
Name of New Registered Agent:		
New Registered Office Address:		····
	Enter Florida street address	
	, Flor	
	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.

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

Title	<u>Name</u>	Address	Type of Action
MGR	MORENO.REINALDO H	3956 TOWN CENTER BLVD., SUITE 330	□ Add
		ORLANDO, FL 32837	≡ Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			Change
			□Add
			□Remove
			Change
			Remove Remove P. S. P. Compage Remove
			Change Fri ∞ Add
			□Remove
			□Change

		
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