

L22000181196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

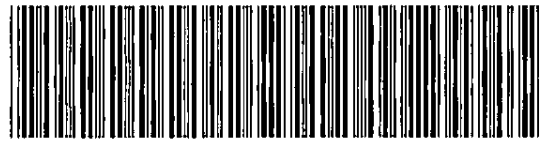
(Business Entity Name)

(Document Number)

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STATE OF MISSISSIPPI

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GSP BANCO DE FOMENTO MERCANTIL 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:

MARK ANGELL

Name of Person

MARK ANGELL

Firm/Company

1075 ROSEWOOD DRIVE

Address

GRAPEVINE, TX 76051

City/State and Zip Code

angellmark92@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK ANGELL

682

226-9167

at ( )

Name of Person

Area Code

Daytime Telephone Number

STATE OF FLORIDA  
TALLAHASSEE, FL

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Enclosed is a check for the following amount:

☒ \$25.00 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

GSP BANCO DE FOMENTO MERCANTIL LLC

**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          | MORENO.REINALDO H | 3956 TOWN CENTER BLVD., SUITE 330 | <input type="checkbox"/> Add               |
|              |                   | ORLANDO, FL 32837                 | <input checked="" type="checkbox"/> Remove |
|              |                   |                                   | <input type="checkbox"/> Change            |
|              |                   |                                   | <input type="checkbox"/> Add               |
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TALLAHASSEE, FL

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 FEBRUARY 13 2023

FLEX P PARENTINI

Signature of a member or authorized representative of a member

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Typed or printed name of signee

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