# 123000089088

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7/16/24 KH

# **COVER LETTER**

TO:

Registration Section

Division of Corporations				
GFP Capit	al Consulting LLC			
SUBJECT:	SUBJECT: Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Giacomo Provenzano			
		Name of Person		
	[perion Capital LLC			
	Firm/Company			
	18831 NE 18th Avenue			
	Address			
	Miami, FL 33179			
		City/State and Zip Code	·	
	giacomo@iperioncapital.co	orn (to be used for future annual report no	titication)	
For further information of	concerning this matter, please o		(Treation)	
Giacomo Provenzano		808 313-9394		
Name o	of Person	at () Area Code Daytin	me Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres	Section	Street Address: Registration Se		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GFP Capital Consulting LLC			
(Name of the Lim	ited Liability Com (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)	
the Articles of Organization for this Limited I lorida document number L23000089088	Liability Compa	ny were filed on Feb 23, 2023	and assigned
his amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name	of the limited lia	ability company here:	
perion Capital LLC			
he new name must be distinguishable and contain the	words "Limited Lis	ability 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 STRE	<u>ET ADDRESS)</u>		
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE  . If amending the registered agent and/or gent and/or the new registered office address	registered offic		e name of the new regist
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street address	
		Florid	
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Giacomo Provenzano	18831 NE 18th avenue Miami FL 33179	<b>=</b> Add
			□Remove
			□Change
	<del></del>		□ Add
			□Remove
			□Change
	<del> </del>		□Add
		<del></del>	□Remove
<del></del>			🗆 Add
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			□Change
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			□ Remove
			□ Add <sup>*</sup>
			□Remove
			. ' □Change,

Effective date, if other than the date of filing:  [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 Note;  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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 day filed  June 21  Signature of a member or authorized representative of a member  Giacomo Provenzano	•	
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Signature of a member or authorized representative of a member	June 21	2024
	Janeu	
Giacomo Provenzano		Signature of a member or authorized representative of a member
	Giacomo Prover	nzano

Filing Fee: \$25.00

AFFIDAVIT AUTHORIZING RELEASE OF NAME

DRAFT OF AFFILAVIT SENT ON JUN20,24.

### STATE OF FLORIDA

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 38100
Tallahassee, FL 32303

I, Giacomo Provenzano, being duly sworn, do hereby state as follows:

### 1. Affiant Information:

I am Giacomo Provenzano, residing at 18831 NE 18<sup>th</sup> Avenue Miami FL 33179, and I am the Managing Partner of GFP Capital Consulting LLC, a limited liability company organized and existing under the laws of the State of Florida

I am also the Managing Partner of Iperion Capital LLC, a limited liability company organized under the laws of the State of Florida and dissolved as of 20 June, 2024.

### 2. Current LLC Information:

GFP Capital Consulting LLC is a limited liability company duly organized and existing under the laws of the State of Florida and is in good standing.

### 3. Authorization of Name Release:

WITNESS my hand and official seal.

I hereby authorize and consent to the release and use of the name "Iperion Capital LLC" for the purpose of renaming and rebranding GFP Capital Consulting LLC. This authorization is granted to facilitate the official change of the LLC's name from GFP Capital Consulting LLC to Iperion Capital LLC in accordance with Florida law and regulations.

### 4. Affiant's Authority:

I affirm that I have the legal authority to authorize this name change on behalf of GFP Capital Consulting LLC.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information, and belief.

Executed thisday o	of, 2024.	
Giacomo Provenzano Managing Partner GFP Capital Consulting LLC		
Notary Acknowledgment: STATE OF Florida		
Giacomo Provenzano, prove subscribed to the within inst	d to me on the basis of satisfactory e trument and acknowledged to me th	personally appeared evidence to be the person whose name is at he executed the same in his authorized upon behalf of which the person acted, executed