

Division of Corporations

W23000395814

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MJD ACCOUNTING SERVICES CORP
Account Number : I20220000156
Phone : (954)471-5645
Fax Number : (305)356-3688

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GB WEST PALM BEACH LLC

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GB WEST PALM BEACH 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:

PAULO ROBERTO DE CASTRO

Name of Person

GB WEST PALM BEACH LLC

Firm/Company

731 VILLAGE BLVD Suite 112

Address

WEST PALM BEACH FL 33409

City/State and Zip Code

pcastro7@me.com

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

For further information concerning this matter, please call:

PAULO ROBERTO DE CASTRO

Name of Person

949 3102796
at ()

Area Code

Daytime Telephone Number

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GB West Palm Beach LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 23, 2023 and assigned
Florida document number L23000395814.

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 ADDRESS)

731 VILLAGE BLVD Suite 112

WEST PALM BEACH FL 33409

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

731 VILLAGE BLVD Suite 112

WEST PALM BEACH FL 33409

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

731 VILLAGE BLVD Suite 112

Enter Florida street address

WEST PALM BEACH

City

Florida

33409

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.

X

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	PAULO ROBERTO DE CASTRO	731 VILLAGE BLVD Suite 112	<input type="checkbox"/> Add
		WEST PALM BEACH FL 33409	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LUIS FELIPE FERREIRA TORRI	731 VILLAGE BLVD Suite 112	<input type="checkbox"/> Add
		WEST PALM BEACH FL 33409	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	SILVIO DORJA TAVARES	731 VILLAGE BLVD Suite 112	<input type="checkbox"/> Add
		WEST PALM BEACH FL 33409	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MARCUS V MANHAES DA COS	731 VILLAGE BLVD Suite 112	<input type="checkbox"/> Add
		WEST PALM BEACH FL 33409	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 DECEMBER 20 2024

X

Signature of a member or authorized representative of a member

PAULO ROBERTO DE CASTRO

Typed or printed name of signee