

11/25/24, 1:17 PM

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GV GROUP HOLDINGS LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
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M. SOLOMON
NOV 26 2024

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GV GROUP HOLDINGS 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:

Mike Town

Name of Person

Legalzoom.com, Inc.

Firm/Company

9900 Spectrum Dr

Address

Austin, TX 78717

City/State and Zip Code

gvgroup Holdings@gmail.com

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

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DIVISION OF STATE
CORPORATIONS, FL

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For further information concerning this matter, please call

Mike Town

800

773-0888

at ()

Name of Person

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 &
Certificate Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certificate Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GV GROUP HOLDINGS 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 09/11/2023 and assigned Florida document number 1.23000422016.

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)

113 Laurel Wood Way, Unit 202

Saint Augustine, FL 32086

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

113 Laurel Wood Way, Unit 202

Saint Augustine, FL 32086

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:

Enter Florida street address

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	NATALIA WHITAKER		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		113 Laurel Wood Way, Unit 202 Saint Augustine, FL 32086	<input checked="" type="checkbox"/> Change
AMBR	DANIELA GONZALEZ		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		113 Laurel Wood Way, Unit 202 Saint Augustine, FL 32086	<input checked="" type="checkbox"/> Change
AMBR	VALENTINA GONZALEZ VALENCIA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		113 Laurel Wood Way, Unit 202 Saint Augustine, FL 32086	<input checked="" type="checkbox"/> Change
AMBR	JUAN E GONZALEZ-VALENCIA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		113 Laurel Wood Way, Unit 202 Saint Augustine, FL 32086	<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

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JACKSONVILLE, FL

