

W23000533515

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : RUBEN TORO PA
Account Number : I20220000108
Phone : (407)370-6445
Fax Number : (407)352-0568

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

Email Address: RUBENTOROPCPA@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COMERCIALIZADORA G&V LLC

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COVER LETTER

(H250000345453)

**TO: Registration Section
Division of Corporations**

SUBJECT: COMERCIALIZADORA G&V 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:

RUBEN TORO

Name of Person

RUBEN TORO P.A.

Firm/Company

7901 KINGSPONTE PKWY STE 31

Address

ORLANDO, FLORIDA 32819

City/State and Zip Code

rubentorocpa@gmail.com

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

For further information concerning this matter, please call:

RUBEN TORO

at (407) 370-6445
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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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 JANUARY, 29 2025

ANTONIO G. JIMENEZ BAEZ

Signature of a member or authorized representative of a member

ANTONIO G JIMENEZ BAEZ

Typed or printed name of signee