

1/16/24, 3:20 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000021867 3)))



H240000218673ABE1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : JFS CONSULTING SERVICES LLC
Account Number : 120220000092
Phone : (786)440-5553
Fax Number : (786)279-5272

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
GIRALDOSTYLE LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JAN 17 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GIRALDOSTYLE 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:

Jorge Schneider

Name of Person

J.F.S. Consulting Services

Firm/Company

2627 NE 203rd St 218

Address

Aventura, FL 33180

City/State and Zip Code

Pschneider@jfsbizup.com

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

For further information concerning this matter, please call:

Jorge Schneider

786

4405553

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 &
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

FILED
2024 JAN 16 PM 1:38
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
S.

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

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> |
|--------------|----------------------------|------------------------|--|
| MGRM | Giraldo Barthelemy Delfino | 19101 Mystic Pointe Dr | <input type="checkbox"/> Add |
| | | 204 | <input type="checkbox"/> Remove |
| | | Aventura FL UN 33180 | <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 |
| | | | <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 |
| | | | <input type="checkbox"/> Change |

FILED
24 JAN 16 PM 1:36
ALLAN, JESSICA

2024 JAN 17
STATE HISTORICAL
CALIFORNIA

FILED
2024 JAN 16 PM 1:38
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF CALIFORNIA
FALLS CHURCH, VA

(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)

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.

[Signature]

Giraldo Barthelémy Delfino

Typed or printed name of signee

Filing Fee: \$25.00