L24000050935

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ALLAHASSEE, FLORE

FORIVED

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Co			
	DEVELOPMENT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LUIS GONCALVES		
		Name of Person	
	BT7 PARTNERS TAX CO	OMPLIANCE SERVICES LLC	
		Firm/Company	
	7680 UNIVERSAL BLVE	SUITE 380	
		Address	
	ORLANDO, FL 32819		
		City/State and Zip Code	
	contato@bt7partners.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
LUIS GONCALVES		352 871-4526	
Name (of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632	27	The Centre of 1	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARPIA DEVELOPMENT LLC

2024 JL - 5 3 FT 12: 24

(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 01/29/2024 and assigned
Florida document number 1.24000050935
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
GULFSTREAM ELITE BUILDERS LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC,"
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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
, Florida
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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MAHLER LEMOS, FELIPE	R. DR. HELMUTH WEINMANN 100	□ Add
		TORRE 1 APT 401	
		PORTO ALEGRE, RS 91360-050 BR	
MGR	SILVA FAUSTO, DIEGO	R. ALVORADA 896 APT 241	
		SAO PAULO, SP 04550-003 BR	
			□Change
			□Add
			□Remove
			□ Change
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			□Remove
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			□Remove
			□Change
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			Remove
			□Change

ffective date, if other than the date of filing:		-						
Signature of antiholized representative of a member. Signature of authorized representative of a member.			<u> </u>					
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