

L2400006689

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
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GB2 INVESTMENT BROS LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature

Requested by:

Name

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2007-03-14 AM 10:55
STATE
TALLAHASSEE, FL
ED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GB2 INVESTMENT BROS 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:

Gustavo Barilaro

Name of Person

GB2 INVESTMENTS BROS LLC

Firm/Company

3340 NE 190th St apt 109

Address

Aventura FL 33180

City/State and Zip Code

nbarilaro@outlook.com

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

For further information concerning this matter, please call:

Natalia Barilaro

786

955-7956

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

2025 FEB -4 AM 10:55
STATE
TALLAHASSEE, FL

GB2 INVESTMENT BROS LLC

The Articles of Organization for this Limited Liability Company were filed on 02/06/2024 and assigned Florida document number 124000066898

A. If amending name, enter the new name of the limited liability company here:

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

Cin

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>
P	Gustavo Barilaro	3340 NE 190th St #109	<input type="checkbox"/> Add
		Aventura FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gustavo Barilaro	3340 NE 190th St #109	<input checked="" type="checkbox"/> Add
		Aventura FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2024-10-14 AM 10:55
CLERK OF STATE
TALLAHASSEE, FL

2024-03-14 AM 10:55
HOUSE OF STATE
MISSISSIPPI

2025-11-28-1 AHID: 55
STATE
HASSEE, FL

(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)

Dated March 1, 2024

Gustavo Barilaro

Filing Fee: \$25.00