

L24000245882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

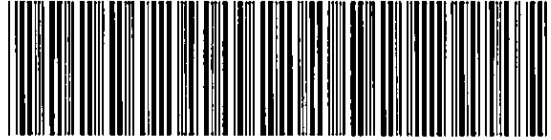
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$25.00 _____

AUTHORIZATION SIGNATURE: _____ *Juan Tello*

GW 1 West Palm LLC L24000245882

BUSINESS (Name)

Document #.

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

___ Photocopy

___ **Certified Copy**

___ **Certificate of Status**

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ CORP

___ LLLP

AMMENDMENTS

X Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissociation or Resignation

___ Merger

___ Conversion

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

___ Foreign Filing

___ Limited Partnership

___ Reinstatement

___ Trademark

___ STATEMENT OF AUTHORITY

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GW I West Palm 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:

Juan Sebastian Arango Giraldo

Name of Person

Gwealth Management LLC

Firm/Company

774 Oleander St

Address

Boca Raton, FL 333486

City/State and Zip Code

juanarango@gmail.com

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

For further information concerning this matter, please call:

Juan Sebastian Arango Giraldo

786 992-8772
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

GW 1 West Palm LLC

2024 SEP -4 AM 11: 50

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/29/24 and assigned
Florida document number L24000245882

This amendment is submitted to amend the following:

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

GW 1 SKY LLC

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)

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 _____
City 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

[illegible]

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 30/08/24

Juan Gastón Araujo Gálvez Aug 30, 2024 16:46 EDT

Typed or printed name of signee