

L24 000 389 365

11/11

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

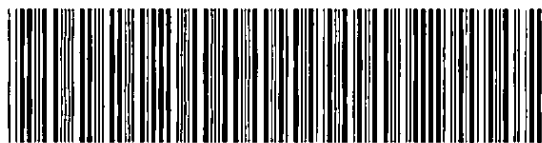
(Business Entity Name)

(Document Number)

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2024 SEP 18 PM 3:57

CLERK OF STATE  
TALLAHASSEE, FL

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GAFNI SOLUTIONS 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:

Ariel Arrocha

\_\_\_\_\_  
Name of Person

US LATAM CORPORATE SERVICES LLC

\_\_\_\_\_  
Firm/Company

1395 BRICKELL AVE SUITE 806

\_\_\_\_\_  
Address

MIAMI, FLORIDA, 33131

\_\_\_\_\_  
City/State and Zip Code

CORPORATE@LATAMENUSA.COM

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

For further information concerning this matter, please call:

Ariel Arrocha

+1 954 353 0013  
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

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or removed from our records.

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RUBEN G IBARRA	LEANDRO N. ALEM 769	<input checked="" type="checkbox"/> Add
		ZARATE, ZIP CODE 2800, BUENOS AIRES	<input type="checkbox"/> Remove
		ARGENTINA	<input type="checkbox"/> Change
MGR	GUSTAVO R IBARRA	LEANDRO N. ALEM 769	<input type="checkbox"/> Add
		ZARATE, ZIP CODE 2800, BUENOS AIRES	<input checked="" type="checkbox"/> Remove
		ARGENTINA	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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 of a member or authorized representative of a member

Typed or printed name of signee