

L25000023291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

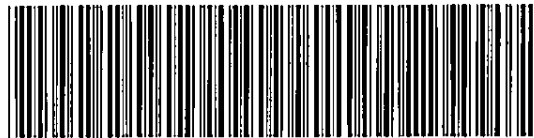
(Document Number)

Certified Copies _____ Certificates of Status _____

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J. HORNE
FEB 12 2025

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FILED
2025 FEB 10 AM 10:03
RECEIVED
2025 FEB 10 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

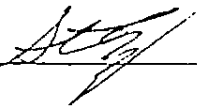
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GMB CAPITAL ASSETS LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GMB CAPITAL ASSETS 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:

ANA D SA

Name of Person

Firm/Company

3808 BOWFIN TRL

Address

KISSIMMEE FL 34746

City/State and Zip Code

ANA@MELLOSOLUTIONS.COM

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

For further information concerning this matter, please call:

ANA DE SA

Name of Person

407 4215251

at (_____) _____

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**

GMB CAPITAL ASSETS LLC

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

FILED
2025 FEB 10 AM 10:04

The Articles of Organization for this Limited Liability Company were filed on 01/15/2025 and assigned
Florida document number 1,250,000,232,97

This amendment is submitted to amend the following:

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

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:

MELLOS GROUP SOLUTIONS LLC

New Registered Office Address:

3808 BOWFIN TRL.

Enter Florida street address

KISSIMMEE

City

Florida 34746

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.

Ana de Sa

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>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
			☐ Add
		_____	☐ Remove
		_____	☐ Change
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			☐ Remove
		_____	☐ Change

GENERAL INFORMATION	
NAME	
ADDRESS	
CITY	
STATE	
ZIP	
PHONE	
TELETYPE	
FAX	
E-MAIL	
DATE	
TIME	
LOCATION	
REASON FOR VISIT	
ACCOMPANYING PERSONS	
VEHICLE	
PARKING	
ENTRANCE	
EXIT	
ELEVATOR	
STAIRS	
TOILETS	
RESTAURANT	
BAR	
LOBBY	
CONFERENCE ROOM	
OFFICE	
BATHROOM	
KITCHEN	
STORAGE	
RECEPTION	
SECURITY	
FIRE	
POLICE	
EMERGENCY	
MEDICAL	
DENTAL	
PHYSICIAN	
NURSE	
LABORATORY	
X-RAY	
PHOTOCOPY	
MAIL	
TELEPHONE	
FAX	
E-MAIL	
INTERNET	
WIRELESS	
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SATELLITE	
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SOFTBALL	
BASE	

(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.

A na Marcia de Barros
Signature of a member or authorized representative

Typed or printed name of signee

Filing Fee: \$25.00