

MI17000001690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

12/13/18 DS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 26, 2018

GILVAM F DOS SANTOS  
2001 W CYPRESS CREEK RD STE 102 B  
FT LAUDERDALE, FL 33309

SUBJECT: ONEPOINT SOLUTIONS IN TECHNOLOGY LLC  
Ref. Number: M17000006890

We have received your document for ONEPOINT SOLUTIONS IN TECHNOLOGY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 218A00024024

2018 DEC 12 PM 10:12

TALLAHASSEE, FLORIDA

2018 DEC 12 PM 11:37

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ONEPOINT SOLUTIONS IN TECHNOLOGY LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GILVAM F DOS SANTOS

Name of Person

GFS TAX & ACCOUNTING SERVICES

Firm/Company

2001 W CYPRESS CREEK RD S 102 B

Address

FT LAUDERDALE FL 33309

City/State and Zip Code

INFO@GFSTAXACCT.COM

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

For further information concerning this matter, please call:

GILVAM DOS SANTOS at 954 9573244

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

TALLAHASSEE, FL 32301

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ONEPOINT SOLUTIONS IN TECHNOLOGY LLC

Enter new principal office address, if applicable: 2001 W CYPRESS CREEK RD STE 102 B

(Principal office address

MUST BE A STREET ADDRESS)

FT LAUDERDALE FL 33309

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2001 W CYPRESS CREEK RD STE 102 B

FT LAUDERDALE FL 33309

2. The Florida document number of this limited liability company is: M17000006890

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 08/10/2017

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: GFS TAX & ACCOUNTING SERVICES

New Registered Office Address: 2001 W CYPRESS CREEK RD STE 102 B

*Enter Florida Street Address*

FT LAUDERDALE

Florida 33309

*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

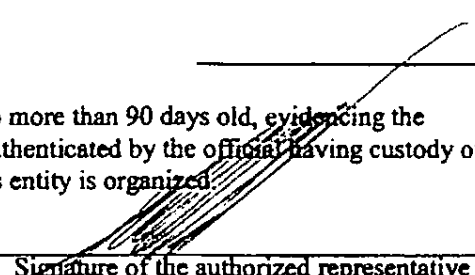
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALEJANDRO MOLIERI	2600 S DOUGLAS RD S 501 CORAL GABLES FL 33134	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	GILVAM F DOS SANTOS	2150 NW 39TH AVE COCONUT CREEK FL 33066	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized:

  
Signature of the authorized representative  
**ABDO CALIL NETO**  
Typed or printed name of signee