M19 00000 3968

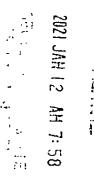
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Dusiness Emity Name) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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O SIMMONS FEB 2 0 2021

COVER LETTER

| | gistration Section vision of Corporations | | |
|----------------------------------|---|-------------------------------------|--|
| SUBJECT | GSI Management USA, LLC | | |
| | Name of Foreig | n Limited Liab | ility Company |
| Dear Sir o | r Madam: | | |
| The enclos | sed application, certificate and fee(s) | are submitted t | or filing. |
| Please retu | urn all correspondence concerning th | is matter to the | following: |
| Bertha Casi | que | | |
| | Name of Person | | - |
| GSI Manag | ement USA, LLC | | |
| | Firm/Company | | - |
| 2601 South | Bayshore Drive Suite 1475 | | |
| | Address | _ | |
| Miami, FL | 33133 | | |
| | City/State and Zip Code | e | |
| bcasique@g | gsimgmt.com | | |
| E-mail a | address: (to be used for future annual | report notifical | tion) |
| For further | r information concerning this matter. | please call: | |
| Lisandra Ca | assola | 305 at (| 433-0624 |
| | Name of Person | Area Code | & Daytime Telephone Number |
| Re Di P.0 | niling Address: Egistration Section Evision of Corporations O. Box 6327 Ilahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| En ■\$25 Filin CR2E055 (9/ | Certificate of Status | amount: ☐ \$55 Filing Certified C | <u> </u> |

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)

2021 JAN 12 AM 7:58

| 2601 South Bayshore I | A Company of the Comp |
|---|--|
| 2601 South Bayshore I | N 1 C 1 N 1 T T T T T T T T T T T T T T T T T |
| - | Jrive, Suite 1475 |
| Miami, FL 33133 | |
| 2601 South Bayshore I | Drive. Suite 1475 |
| Miami, FL 33133 | |
| liability company is: M1 | 9000003968 |
| <u> </u> | |
| 19/2019 | |
| e changes) | · · · · · · · · · · · · · · · · · · · |
| ist contain "Limited Liab | ility Company, ""L.L.C.," or "LLC.") |
| ed for the purpose of tran nanaging members adopti C." or "LLC.") | sacting business in Florida and attach a ng the alternate name. The alternate nam |
| ered officer address on ou address here: | er records. enter the name of the new |
| l | |
| yshore Drive, Suite 1475 | |
| | r Florida Street Address |
| | Florida 33133 |
| | Zip Code |
| | is capacity. I further agree to comply wince of my duties, and I am familiar with |
| 1 1 1 | 2601 South Bayshore I Miami, FL 33133 fiability company is: M1 9/2019 e changes) ist contain "Limited Liab ed for the purpose of transanaging members adopti "C." or "LLC.") ered officer address on our address here: hyshore Drive, Suite 1475 Ente fiami City Registered Agent: |

If Changing Registered Agent, Signature of New Registered Agent

| 8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: 2021 JAN 12 AM 7: 59 | | | | | | |
|---|---|--|--------------|--|--|--|
| Fitle/ Capacity | <u>Name</u> | Address Tv | pē of Action | | | |
| MGR | Jorge Romero | 1221 Brickell Avenue, Suite 2520 | □Add | | | |
| | | Miami, FL 33131 | ■Remov | | | |
| MGR | Tim Reimink | 1221 Brickell Avenue, Suite 2520 | □Add | | | |
| | | Miami. FL 33131 | ■Remov | | | |
| MGR | Jorge Romero | 2601 South Bayshore Drive, Suite 1475 | _ ■Add | | | |
| | | Miami. FL 33133 | □Remov | | | |
| MGR | Horacio Medal | 2601 South Bayshore Drive, Suite 1475 | ■Add | | | |
| | | Miami, FL 33133 | Remov | | | |
| | | | □Add | | | |
| aforemention | ned amendment(s), duly authenti under the law of which this entity | than 90 days old, evidencing the cated by the official having custody of records in the vis organized. ature of the authorized representative Jorge Romero d or printed name of signee | _ □Remov | | | |

Filing Fee: \$25.00