

M220000004081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

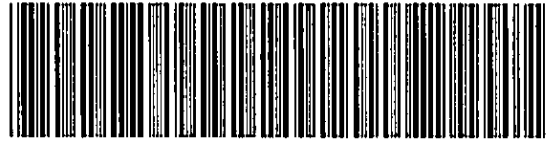
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

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2023 FEB 14 AM 7:58
STATE
TALLAHASSEE, FL

FILED

eg 2/23/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GS#2724 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:

ROBERTO DI LENA

Name of Person

MTR & ASSOCIATES LLC

Firm/Company

703 WATERFORD WAY SUITE 805

Address

MIAMI, FL 33126

City/State and Zip Code

sdilena@mtrcpa.com

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

For further information concerning this matter, please call:

ROBERTO DI LENA

Name of Person

at (305) 471-5874

Area Code & Daytime Telephone Number

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2022

ROBERTO DI LENA
703 WATERFORD WAY
SUITE 805
MIAMI, FL 33126

SUBJECT: GS#2724 LLC
Ref. Number: M22000004081

We have received your document for GS#2724 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):

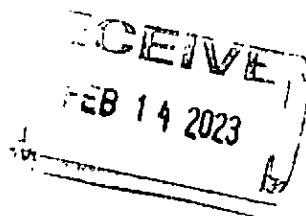
A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 322A00027588



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

FILED

2023 FEB 14 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FL

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: GS#2724 LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

1600 NE 1st Ave

Miami, FL 33132

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

1600 NE 1st Ave

Miami FL, 33132

2. The Florida document number of this limited liability company is: M22000004081

3. Jurisdiction of its organization: WYOMING

4. Date authorized to do business in Florida: 02/25/2022

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

5. New name of the limited liability company: Etsy Ventures LLC
(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: _____

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.

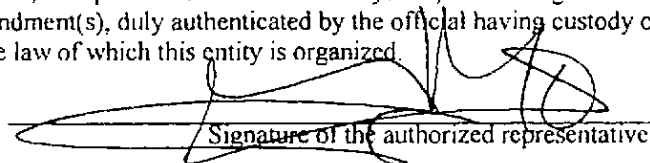
If Changing Registered Agent, Signature of New Registered Agent

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>
<u>MGR</u>	<u>Sun Gas Management Co LLC</u>	<u>520 NW 165 ST RD STE 101</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33169</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Maximiliano Garbuglia</u>	<u>1600 NE 1st Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33132</u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove

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

MAXIMILIANO GARBUGLIA

Typed or printed name of signee

Filing Fee: \$25.00

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

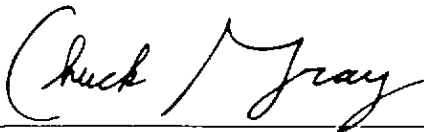
Etsy Ventures, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 14, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001060626**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 10th day of February, 2023 at 12:48 PM. This certificate is assigned ID Number 058443128.




Secretary of State



Wyoming Secretary of State
Herschler Building East, Suite 101
122 W 25th Street
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Email: Business@wyo.gov

For Office Use Only

Limited Liability Company Amendment to Articles of Organization

1. Name of the limited liability company:

(Name must match exactly to the Secretary of State's records.)

GS#2724 LLC

2. The date of filing its articles of organization: December 14, 2021

(Date must match exactly to the Secretary of State's records.)

3. Article number(s) 1 is amended as follows:

**See checklist below for article number information.*

Name Change: GS#2724 LLC shall undergo a name change to Etsy Ventures, LLC.

The new name of this limited liability company shall be Etsy Ventures, LLC.

Signature: 

(Shall be executed by a person authorized by the company.)

Date: 06/06/2022

(mm/dd/yyyy)

Print Name: Maximiliano Garbuglia

Contact Person: Nicholas Collazo

Title: Manager

Daytime Phone Number: 305-375-8484

Email: nac@w-tgroup.com

(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)

Checklist

- ☒ **Filing Fee: \$60.00** Make check or money order payable to Wyoming Secretary of State.
- ☐ **Processing time is up to 15 business days** following the date of receipt in our office.
- ☐ Please mail with payment to the address at the top of this form. **This form cannot be accepted via email.**
- ☐ Please review the form prior to submission. **The Secretary of State's Office is unable to process incomplete forms.**
- ☐ *Refer to original articles of organization to determine the specific article number being amended or use the next number in sequence if you are adding an article. **Article number(s) is not the same as the filing ID number.**