

1723000010748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

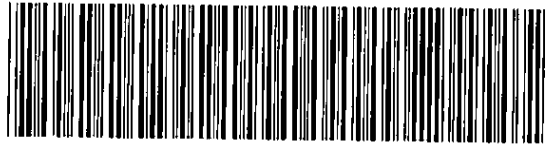
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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CLERK OF COURT

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2023 NOV - 7 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R. HUNT  
11/09/23

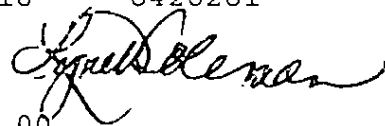
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 105518 8426281

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : November 1, 2023

ORDER TIME : 2:27 PM

ORDER NO. : 105518-010

CUSTOMER NO: 8426281

2023 NOV - 7 PM 12:40

DIVISION OF CORPORATE AFFAIRS  
TALLAHASSEE, FL 32301

FOREIGN FILINGS

NAME: GIA MANAGEMENT, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker -- EXT#

EXAMINER: \_\_\_\_\_

**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: GIA MANAGEMENT, LLC

Enter new principal office address, if applicable: 1221 BRICKELL AVE., STE. 900

(Principal office address  
MUST BE A STREET ADDRESS)

MIAMI, FL 33131

Enter new mailing address, if applicable:

1221 BRICKELL AVE., STE. 900

(Mailing address  
MAY BE A POST OFFICE BOX)

MIAMI, FL 33131

2. The Florida document number of this limited liability company is: M23000010748

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/17/2023

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

5. New name of the limited liability company: GIA MGT, 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

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DIVISION OF CORPORATIONS

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)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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2023

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.

/s/Camilo Salomon  
Signature of the authorized representative

Camilo Salomon

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF AMENDMENT OF "GIA MANAGEMENT, LLC",  
CHANGING ITS NAME FROM "GIA MANAGEMENT, LLC" TO "GIA MGT, LLC",  
FILED IN THIS OFFICE ON THE FIRST DAY OF NOVEMBER, A.D. 2023,  
AT 5:54 O'CLOCK P.M.


2023 NOV -7 PM 12:40

DEPARTMENT OF  
DIVISION OF CORPORATE AFFAIRS



7626716 8100  
SR# 20233873450

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 204518197  
Date: 11-03-23

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: GIA MANAGEMENT, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is GIA MGT, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 1st day of November, A.D. 2023.

By: /s/ Camilo Salomon

Authorized Person(s)

Name: Camilo Salomon

Print or Type

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STATE OF DELAWARE