

2/1/24, 4:55 PM

Division of Corporations

2300008315

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the Filing ID number (shown below) on the top and bottom of all pages of the document

((H24000044742 3))



H240000447423ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : AV ACCOUNTING ASSOCIATES CORP
Account Number : 120220000141
Phone : (954)937-5505
Fax Number : (954)708-0209

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GABRI & ELA GROUP INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2024 FEB -2 AM 10:27

FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FL

2024 FEB -2 AM 9:47

FILED

Electronic Filing Menu Corporate Filing Menu Help

T. LEMIEUX

FEB -5 2024

COVER LETTER

TO: Registration Section
Division of Corporations
GABRI & ELA GROUP INC

SUBJECT: _____

Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ben Osher

Name of Person

Firm/Company

Address

City, State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

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

GABRI & ELA GROUP INC

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

The Articles of Organization for this Limited Liability Company were filed on 01/26/2023 and assigned
Florida document number P23000008375.

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:

1525 N PARK DR SUITE 104

(Principal office address MUST BE A STREET ADDRESS)

WESTON FL 33326

Enter new mailing address, if applicable:

1525 N PARK DR SUITE 104

(Mailing address MAY BE A POST OFFICE BOX)

WESTON FL 33326

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:

AV ACCOUNTING ASSOCIATES CORP

New Registered Office Address:

1525 N PARK DR SUITE 104

Enter Florida street address

WESTON

Florida 33326

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.

Daniela Velez

If Changing Registered Agent, Signature of New Registered Agent

FILED
2024 FEB -2 AM 9:48
SECRETARY OF STATE
ATLANTA, GEORGIA

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>
P	BEN OSHER	1525 N PARK DR SUITE 104	<input type="checkbox"/> Add
		WESTON FL 33326	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

