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SLUMBASSEE FLORIDA

B. BOSTICK AUG 1 8 2011 EXAMINER

COVER LETTER

Division of Co		↔			
SUBJECT:	GA	ROM LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
	AL	EX D. SIRULNIK, ESQ.	, <u> </u>		
		Name of Person			
	AL	.EX D. SIRULNIK, P.A.			
•		Firm/Company			
_	2701	PONCE DE LEON BLVD			
•		Address			
	COI	RAL GABLES, FL 33134			
		City/State and Zip Code		Z <u>e</u> =	
	ADS	@SIRULNIKLAW.COM		IT AUG 17	******
	E-mail address: (to be used for future annual report notific	cation)	言る	4 (2 . 1000) 2 (2 . 1000)
For further information	concerning this matter, please of	call:		T	:
YOL	ANDA KATON	at (305)	143-7211	17 17 17 17 17 17 17 17 17 17 17 17 17 1	SE SHIP ST
Name	of Person	Area Code & Daytime	Telephone Number	PH 12: 21 UF SHATE EF, FLURIDA	
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)	Certified	te of Status &	sed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAF	ROM LLC			
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears of ited Liability Company)	n our records,)		
The Articles of Organization for this Limited Liability Comp. Florida document numberL10000119049	pany were filed on <u>NOVI</u>	EMBER 16, 2010 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	Hability company here:			
The new name must be distinguishable and end with the words "L.L.C." Enter new principal offices address, if applicable:	Limited Liability Company,	' the designation "LLC" or the abbreviation		
* **				
(Principal office address MUST BE A STREET ADDRES:	<u> </u>	Av. —		
		AL G		
		Common Common		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		OR N		
	- · · · · · · · · · · · · · · · · · · ·	OM -		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our here:	records, enter the name of the new		
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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action				
<u>∕MGR</u>	ALBERTO DAYAN	294 NE 62nd Street Miami, FL 33138	Add Remove				
MGR	Mashala Properties Inc.	294 NE 62nd Street Miami, FL 33138	Add Remove				
<u>∕MGRM</u>	Alberto Dayan	294 NE 62nd Street Miami, FL 33138	Add Remove				
<u>√MGRM</u>	Gabriel Juejati	294 NF 62nd Street Miami, FL 33138	Add Remove				
MGRM	Roman Goldfarb	294 NE 62nd Street Miami, FL 33138	Add Remove 				
			Add Remove				
	nding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary) ger managed company. FLORIDA	11 AUG 17 PH 12: 21				
Dated		2011					
Alberto Dayan Typed or printed name of signee							

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Filing Fee: \$25.00