

**L11000017862**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

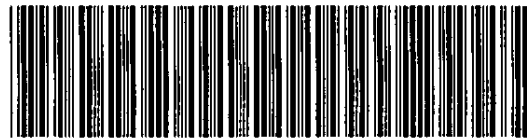
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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**800239609688**

800239609688  
09/25/12--01014--013 \*\*25.00

FILED  
12 SEP 25 AM 11:49  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan SEP 26 2012



SMITH  
INTERNATIONAL LAW

**Smith International Legal Consultants, P.A.**

175 S.W. 7th St. Suite 2110, Miami, FL 33130

Off: +1 (305) 856-7723

Fax: +1 (786) 220-8265

September 20, 2012

**Via US Mail**

Florida Department of State  
Division of Corporations  
Attn: Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

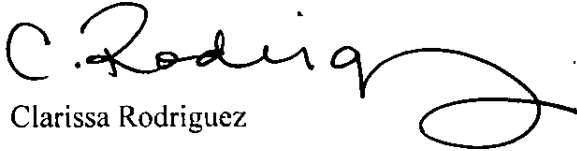
**Re: Amendment to Managing Member for Giraffas Midtown, LLC**

To Whom It May Concern:

Giraffas Midtown, LLC encloses its amendment to filing to change its Managing Member information. Please also find the filing fee for \$25.00. No copy or certificate is required.

If there are any questions or concerns, please contact Quinn Smith at Smith International Legal Consultants, P.A., 175 S.W. 7<sup>th</sup> Street, Suite 2110, Miami, Florida 33130 or by telephone at (305) 856-7723.

Sincerely,



Clarissa Rodriguez

Encl.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Giraffas Midtown, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Quinn Smith, Esq.

Name of Person

Smith International Legal Consultants, P.A.

Firm/Company

175 S.W. 7th Street, Suite 2110

Address

Miami, Florida 33131

City/State and Zip Code

quinn.smith@smintl.com

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

For further information concerning this matter, please call:

Quinn Smith

Name of Person

at ( 305 )

856-7723

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
12 SEP 25 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Giraffas Midtown, LLC

(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 07/31/2009 and assigned  
Florida document number L11000017862.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

n/a

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

n/a

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

n/a

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:

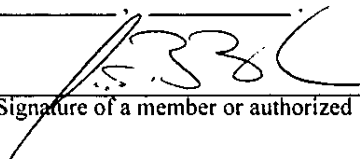
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GiralInvest USA, LLC	201 S. Biscayne Blvd. Suite 1200 Miami, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Giraffas USA, LLC	201 S. Biscayne Blvd. Suite 1200 Miami, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

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

FILED  
12 SEP 25 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA