# L11000026984

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies
Special Instructions to Filing Officer:

Office Use Only



600209357346

07/06/11--01023--001 \*\*25.00

# **COVER LETTER**

TO: Registrati Division o	on Section Corporations
SUBJECT:	GPI INVESTMENT GROUP, LLC
	Name of Limited Liability Company
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.
Please return all con	respondence concerning this matter to the following:
	JORGE A. RODRIGUEZ, CPA  Name of Person
	J A RODRIGUEZ, CPA, LLC
	Firm/Company
	9100 S DADELAND BLVD., SUITE 1500
	Address
	MIAMI, FL 33156
	City/State and Zip Code
	iarcpa@me.com  E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
	THE WALLES
N	me of Person Area Code & Daytime Telephone Number
Enclosed is a check	For the following amount:
\$25.00 Filing Fe	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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

GPI INVESTMENT GROUP, LLC
(Name of the Limited Liability Company as it now appears on our records,)

(4	A Florida Limited I	Liability Company	)			
The Articles of Organization for this Limited L	iability Company	were filed on	MARCH 4, 2011	and assigned		
Florida document numberL11000026						
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company h	<u>ere</u> :			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Com	pany," the designation "L	.LC" or the abbreviatio	'n	
Enter new principal offices address, if applicable:		1110 BRICK	ELL AVENUE			
(Principal office address MUST BE A STREET ADDRESS)		SUITE 504				
		MIAMI, FL 3	3131			
Enter new mailing address, if applicable:	1110 BRICK	ELL AVENUE	\P-ag			
(Mailing address MAY BE A POST OFFICE	SUITE 504		A 28			
		MIAMI, FL 3	3131	CR CR	(7)'B	
B. If amending the registered agent and/	or registered of	fice address on	our records, enter t	he native of the ner	 <u>W</u>	
registered agent and/or the new registered of	fice address her	<u>e</u> :			3	
Name of New Registered Agent:	JEFF KINKE	AD		ORIGINATION OF	k.,. ,	
New Registered Office Address:						
Enter Florida street address						
		MIAMI	, Florida	33131		
		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 auties, 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					
MGRM_	JEFF KINKEAD	1110 BRICKELL AVENUE SUITE 504 MIAMI, FL 33131	Add Remove					
MGRM_	JGI FAMILY HOLDINGS LL	1225 ADUANA AVENUE CORAL GABLES, FL 33146	☐ Add ☐ Remove					
MGRM_	JGI POLIT HOLDINGS LLC	1225 ADUANA AVENUE CORAL GABLES, FL 33146	Add Remove					
		<del></del>	Add Remove					
			2011 JUR - 6 AN ACCOUNT OF A COUNTY OF A C					
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	07					
_			_					
  Dated	I for form							
_	Signature of a member or authorized representative of a member							
JEFF KINKEAD Typed or printed name of signee								

Page 2 of 2

Filing Fee: \$25.00