

L13000017429
H130000322333

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 fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000032233 3)))



H13000032233ABCR

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 : GFB TAX SERVICE LLC
Account Number : 120120000047
Phone : (754)246-6160
Fax Number : (954)510-2072

2013 FEB 12 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Email Address: Gastonbelen@gfbtaxservice.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TREBIZOND INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FEB 13 2013
A. LUNT

RECEIVED
13 FEB 12 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- Fax Transmission

To: DIVISION OF CORPORATION

From: Gaston Belen

Fax: +1 (850) 6176383

Date: 2/12/2013

RE: TREBIZOND INVESTMENTS LLC

Pages: 5

Comments:

FILED
2013 FEB 12 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

H130000322333

**TO: Registration Section
Division of Corporations**

SUBJECT: TREBIZOND INVESTMENTS 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:

GASTON BELEN
Name of Person

GFB TAX SERVICE LLC
Firm/Company

5210 SW 201st TERRACE
Address

SOUTHWEST RANCHES, FL 33332
City/State and Zip Code

GASTONBELEN@GFBTAXSERVICE.COM
E-mail address: (to be used for future annual report notification)

2013 FEB 12 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

GASTON BELEN at (**754**) **246-6160**
Name of Person 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

H130000322333

H130000322333

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TREBIZOND INVESTMENTS 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 02/04/2013 and assigned
Florida document number L13000017429.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

FILED
2013 FEB 12 PM 4:37
STATE OF FLORIDA
TALLAHASSEE

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:

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

H1300003223333

H1300003223333

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

Table with 4 columns: Title, Name, Address, Type of Action. Contains 4 rows of member information with checkboxes for Add and Remove actions.

FILED
2013 FEB 12 PM 4:37
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

Blank lines for entering additional information.

Dated 02/11, 2013

Signature of a member or authorized representative of a member
GASTON BELEN
Typed or printed name of signee