

05/20/2013

02:27

TO 1850616383

FROM 954110272

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L13000017429

Division of Corporations

H1300011274323

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.

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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

****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

RECEIVED

13 MAY 21 AM 6:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13 MAY 21 AM 7:41

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

MAY 22 2013

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T. HAMPTON

COVER LETTER

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**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)

For further information concerning this matter, please call:

GASTON BELEN

Name of Person

at (**754**)

246-6160

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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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TREBIZOND INVESTMENTS LLC

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

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DIVISION OF CORPORATIONS
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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**)

6303 BLUE LAGOON DRIVE SUITE 400
MIAMI, FL 33126

Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

6303 BLUE LAGOON DRIVE SUITE 400
MIAMI, FL 33126

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:

GASTON BELEN

New Registered Office Address:

6303 BLUE LAGOON DRIVE SUITE 400

Enter Florida street address

MIAMI

Florida

33126

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

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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	TREBIZOND A.G.	6303 BLUE LAGOON DRIVE SUITE 400 MIAMI, FL 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CEJAS, ALEJANDRO A	6303 BLUE LAGOON DRIVE SUITE 400 MIAMI, FL 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	BARAKAT, HORACIO	6303 BLUE LAGOON DRIVE SUITE 400 MIAMI, FL 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	TREBIZOND A.G.	7798 WINTER GARDEN-VINELAND RD WINDERMERE, FL 34786	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CEJAS, ALEJANDRO A	7798 WINTER GARDEN-VINELAND RD WINDERMERE, FL 34786	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	BARAKAT, HORACIO	7798 WINTER GARDEN-VINELAND RD WINDERMERE, FL 34786	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

13 MAY 21 AM 7:41

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Dated MAY 20, 2013

Signature of a member or authorized representative of a member

GASTON BELEN

Typed or printed name of signee

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Filing Fee: \$25.00

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