

11/25/2013 12:03

TO:185 6383

FROM:95451 2072

Page: 2

H13000260205 3

**L13000017429**

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.**

(((H13000260205 3)))



H130002602053ABCT

**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

**\*\*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 NOV 25 AM 8:30  
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

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H13000260205 3

**COVER LETTER****H13000260205 3****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 &amp; 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**H13000260205 3**

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

H13000260205 3

**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)

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

H13000260205 3

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	CEJAS, ALEJANDRO A	6303 BLUE LAGOON DR - STE 400 MIAMI, FL 33126	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GASTON F. BELEN	6303 BLUE LAGOON DR - STE 400 MIAMI, FL 33126	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated NOVEMBER 25, 2013

Signature of a member or authorized representative of a member

GASTON BELEN

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

H13000260205 3