

# # L14000231745380

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
 Fax Number : (850) 617-6383

From: Account Name : ACCOUNTANT & MANAGEMENT INC  
 Account Number : 120110000070  
 Phone : (305) 541-3980  
 Fax Number : (305) 541-7033

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
G I P INVESTORS LLC

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

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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

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K. SALY  
EXAMINER  
OCT - 3 2014

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: G I P INVESTORS 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:

MOSES NAE

Name of Person

ACCOUNTANT & MANAGEMENT INC

Firm/Company

1549 NE 123RD ST

Address

NORTH MIAMI, FL 33161

City/State and Zip Code

INFO@TAXLEAF.COM

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

For further information concerning this matter, please call:

MOSES NAE

Name of Person

at ( 305 ) 541-3980

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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H14000231745 3  
ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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2014 OCT -2 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G I P INVESTORS 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 02/17/2014 and assigned  
Florida document number L14000026580.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6304 POWERLINE RD

(Principal office address MUST BE A STREET ADDRESS)

FORT LAUDERDALE, FL 33309

Enter new mailing address, if applicable:

6304 POWERLINE RD

(Mailing address MAY BE A POST OFFICE BOX)

FORT LAUDERDALE, FL 33309

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PARADA, PILAR	CALLE 106 # 54-73 OF 703	<input type="checkbox"/> Add
		BOGOTA, DC COLOMBIA CO	<input checked="" type="checkbox"/> Remove
AMBR	FONSECA ROJAS, DIEGO A	6304 POWERLINE RD	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33309	<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

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 IN AND FOR THE COUNTY OF PALM BEACH  
 STATE OF FLORIDA

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

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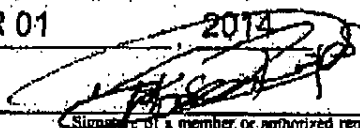
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated: OCTOBER 01 2014



Signature of a member or authorized representative of a member

**DIEGO FONSECA**

*DAF*

Typed or printed name of signer

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