# L11000030680

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SECRETARY OF STATE

AHASSEE REORIDA

### **COVER LETTER**

- <b>ę</b> -					
TO: Registration Section Division of Corpo	rations	* 4	er en		
SUBJECT:	GS RE IN	VESTMENTS LLC			
SUBJECT:		nited Liability Company			
•	, value of Em				
The enclosed Articles of An	nendment and fee(s) are su	bmitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
	1	BIANCA SAPORITTO			
Name of Person					
	TEAM REAL ESTATE MANAGEMENT, LLC				
		Firm/Company			
	2801 NE 208TH TERRACE, SECOND FLOOR				
		Address			
	AVENTURA, FL 33180				
City/State and Zip Code					
	BIANCA@TEAMREMANAGEMENT.COM  E-mail address: (to be used for future annual report notification)				
For further information conc	eerning this matter, please of	call:			
BIANCA SAPORITTO		at (_305 )	914-4845	<del></del>	
Name of Pe	erson	Area Code & I	Daytime Telephone Number		
Enclosed is a check for the f	ollowing amount:				
\$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	e of Status &	

#### 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

FILED

12 MAR 16 AM 11: 06

GS RE INVESTMENTS LLC SPOW FARY OF STABLE (Name of the Limited Liability Company as it now appears on our records) E. FLORIDA (A Florida Limited Liability Company) 03/02/2012 and assigned The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ L12000030680 Florida document number \_\_\_\_\_ 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 Zip Code City

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

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 **Title** <u>Name</u> Address Type of Action **MGRM** RE, MARIANO A ☐ Add 2801 NE 208TH TERRACE Remove SECOND FLOOR AVENTURA, FL 33180 MGRM RE, JUAN I 2801 NE 208TH TERRACE SECOND FLOOR Remove AVENTURA FL 33180 ☐ Add Remove ∏Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH 12 2012 Dated \_\_\_\_ Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

**Filing Fee: \$25.00** 

**BIANCA SAPORITTO**