

L10000096/62

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L10-96/62
Amend

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 24 2015
N. CAUSSEAUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GUILFORD GROUP FLORIDA 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:

DENNIS FLANAGAN

Name of Person

ALLEGiant TITLE, LLC

Firm/Company

100 N. BISCAYNE BLVD., SUITE 2106

Address

MIAMI, FL 33132

City/State and Zip Code

DF@ALLEGiant-TITLE.COM

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

For further information concerning this matter, please call:

DENNIS FLANAGAN

305 672-1222

at ()

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

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AFA Expense \$274 (...\$274)

Check Number: 6222

Post Date: 09/22/2015

Amount of Check: \$25.00

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13:50

Update Payment

09/24/15

DEP Page 0001/0001

Deposit Number	: 09/21/15 01007 005	Deposit Amount	: 25.00
Account Number	:	Deposit Balance	: 0.00
Refund Request Date	:	Debit Memo Date	:
Refund Mail Date	:	Void Date	:
Refund Amount	: 0.00	User ID	: KWALKER
Requester	:		

		DOC Page	0001/0001
Tracking Number	: 500277216905	Document Number	: 500277216905
Ledger Date	: 09/21/15	Sub Account Number	:
Document Requester	:		

<u>Category</u>	<u>Description</u>	<u>Amount</u>
CF	ALL CORP FILING FEES	25.00

<Ctrl>A - Add Pay <Ctrl>R - Rem pay <Ctrl>D - Print doc <Ctrl>V - Print check

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

ATTN: Nanelle

GUILFORD GROUP FLORIDA, 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 09/14/2010

Florida document number L10000096162

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

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

345 OCEAN DRIVE

UNIT 1122

MIAMI BEACH, FL 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O LUIGI PARENTE

1001 BRICKELL BAY DRIVE, SUITE 1706

MIAMI, FL 33131

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:

ALLERGIAN TITLE, LLC

New Registered Office Address:

100 N. BISCAYNE BLVD., SUITE 2106

Enter Florida street address

MIAMI

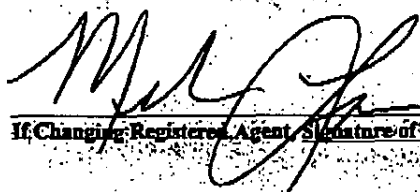
Florida 33132

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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15 SEP 24 PM 2:47

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ALLA BASS E. FLORIDA

FILED
15 SEP 24 PM 3:15
ALLA BASS E. FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGRD	MARCO SIMEON	4627 PONCE DE LEON BLVD.	☐ Add
		CORAL GABLES, FL 33146	☒ Remove
			☐ Change
MGRM	Gulford Enterprises Limited	4627 PONCE DE LEON BLVD.	☐ Add
		CORAL GABLES, FL 33146	☒ Remove
			☐ Change
MGR	FLAVIA FOGLI	1017 JEFFERSON AVENUE	☒ Add
		#301	☐ Remove
		MIAMI BEACH, FL 33139	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated **SEPTEMBER 14th**

2015

Signature of a member or authorized representative of a member

MARCO SIMEON

Typed or printed name of signee.