

49000185787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

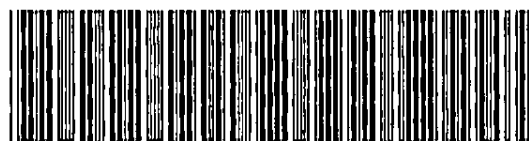
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 17 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GAC 2528, 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:

Rafael Fabian

Name of Person

Firm/Company

3860 SW 8th Street, Suite 200

Address

Coral Gables, FL 33134

City/State and Zip Code

rfabianpa@gmail.com

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

For further information concerning this matter, please call:

Rafael Fabian

at (305)

856-6700

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

GAC 2528, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on July 18, 2019 and assigned
Florida document number L19000185787.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

unchanged

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 offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3860 SW 8th Street

Suite 200

Coral Gables, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3860 SW 8th Street

Suite 200

Coral Gables, FL 33134

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: unchanged

New Registered Office Address: 3860 SW 8th Street, Suite 200
Enter Florida street address

Coral Gables, Florida 33134
City Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

_____ added person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Gaudencia Gomez	16532 SW 68 Terrace	☐ Add
		Miami, FL 33193	☒ Remove
			☐ Change
MGR	Rafael Fabian	3860 SW 8th Street, Suite 200	☒ Add
		Coral Gables, FL 33134	☐ Remove
			☐ Change
AMBR	Rafael Fabian, as Trustee of the Claride Run Revocable Living Trust dated March 11, 2015	3860 SW 8th Street, Suite 200	☒ Add
		Coral Gables, FL 33134	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

n/a

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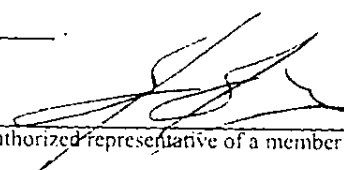
Effective date, if other than the date of filing: May 15, 2020 (optional)

(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.

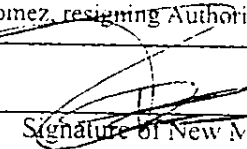
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.

ed May 15 , 2020


Signature of a member or authorized representative of a member

Gaudencia Gomez, resigning Authorized Member

Typed or printed name of signee

 As Manager
Signature of New Member or Newly authorized Member

Rafael Fabian, as Manager