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## **COVER LETTER**

FO: Registration Sec Division of Corp			
	Investments LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Andrew Gindea		
		Name of Person	
	The Presser Law Firm, P.A	٠.	
		Firm/Company	<del></del>
	6199 N Federal Highway		
		Address	
	Boca Raton, FL 33487		
	A F.G. A (Droto etion Attorne	City/State and Zip Code	
	AE@AssetProtectionAttorn	to be used for future annual report noti	(fication)
For further information co	oncerning this matter, please ca	·	,
Andrew Gindea	shootiming time matter, product of	561 953-1050	
Name of	Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for th	e 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GS Capital Investments LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
	pility Company were filed on August 27, 2001	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:	
Commercial Florida Realty Partners, LLC		
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
<u>Principal office address MUST BE A STREET</u>	ADDRESS)	
		<del>_</del>
Enter new mailing address, if applicable:		·····
Mailing address MAY BE A POST OFFICE BO	OX)	un.
		777
D. If amonding the registered agent and/or	r registered office address on our records, e	
registered agent and/or the new registered office		
		5 5
Name of New Registered Agent:		
	•	S
New Registered Office Address:	Enter Florida street address	<del></del>
	, Florid	
	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	GS Venture Holdings, LLC	4800 North Federal Highway	Add
——————————————————————————————————————	•	Suite D300	<b>☑</b> Remove
		Boca Raton, FL 33431	
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			□ Change
			Add
	<i>,</i>		Remove
			SSEE DONAL REMOVE
			□ Change
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fective dat	te, if other than th	e date of filing:	:			(optional)		
an effective d	ate is listed, the date mate in this	ust be specific and o	cannot be prior t					
cument's e	ffective date on the	Department of Sta	ate's records.					
	pecifies a delayo day after the re		ate, but not	an effectiv	ve time, at 1	2:01 a.m. o	n the (	∍arlie
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ated	19100U	1/57,	201					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00