

L02000012235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

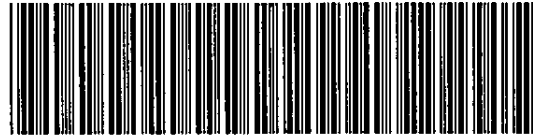
(Business Entity Name)

(Document Number)

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2014 FEB -6 PM 2:58  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

N. Culligan FEB -6 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: G. B. & A. 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:

GABRIEL A. COSTA, MD.  
Name of Person

Firm/Company

410 SW 128 AVE  
Address

MIAMI, FL. 33184  
City/State and Zip Code

GACMD@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GABRIEL A. COSTA, MD at (305) 444-4546  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 26, 2013

GABRIEL A COSTA, MD  
410 SW 128 AVENUE  
MIAMI, FL 33184

SUBJECT: GB AND A, LLC  
Ref. Number: L02000012235

We have received your document for GB AND A, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 713A00027413

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2014 FEB -6 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G. B. & A., 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 MAY 20, 2002 and assigned  
Florida document number L02000012235

This amendment is submitted to amend the following:

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

GABRALEX, LLC.

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:

GABRIEL A. COSTA, MD

New Registered Office Address:

410 SW 128 Ave

Enter Florida street address

Miami

City

Florida

33184

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>DIVINA C. COSTA</u>	<u>410 SW 128 Ave</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FL. 33184</u>	<input type="checkbox"/> Remove
<u>MGRM</u>	<u>GABRIEL A. COSTA, ESQ</u>	<u>16394 NW 87 Pl</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI LAKES, FL. 33018</u>	<input type="checkbox"/> Remove
<u>MGRM</u>	<u>BRIAN C. COSTA, ESQ</u>	<u>6790 SW 51 St</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FL. 33166</u>	<input type="checkbox"/> Remove
<u>MGRM</u>	<u>ALEXANDER N. COSTA</u>	<u>12200 SW 20th Terr</u>	<input checked="" type="checkbox"/> Add
		<u>APT 14</u>	<input type="checkbox"/> Remove
		<u>MIAMI, FL. 33175</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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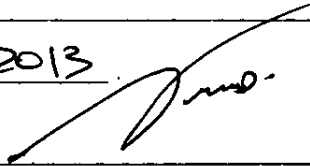
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Dated

DECEMBER 9, 2013



Signature of a member or authorized representative of a member

GABRIEL A. COSTA, MD

Typed or printed name of signee

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Filing Fee: \$25.00

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