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EXAMINER



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11/21/11--01043--019 **25.00

COVER LETTER

TO: 'Registration S Division of Co			•	
SUBJECT:	GE	ALDO LLC		
SUBJECT,		ited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are sui	bmitted for filing.		
Please return all corresp	oondence concerning this matter	r to the following:		
`				
	N	IICHAEL P. BENNET	T	
		Name of Person		
	BEN	INET AIELLO & COH	EN	
		Firm/Company		
	25	SE 2nd St., Eighth Flo	oor	
		Address		
		Miami, FL 33131		
		City/State and Zip Code		
	mbe	nnett@bennettaiello.c	om	
	E-mail address: (to be used for future annual rep	ort notification)	
For further information	concerning this matter, please	call:		
Mic	hael P. Bennett	at (_305)	358-	9011
	of Person	Area Code &	Daytime Telep	
Enclosed is a check for	_			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	LING ADDRESS:	STREET/O	COURIER AI	DDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Gealdo, LLC		
(Name of the Limit	ed Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
ne Articles of Organization for this Limited	Liability Company were filed on	July 21, 2003	and assigned
orida document number L0300002	26586		
nis amendment is submitted to amend the fo	ollowing:		
. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
ne new name must be distinguishable and end v L.C."	vith the words "Limited Liability Comp	any," the designation "L	LC" or the abbrevi
nter new principal offices address, if appl	****		
rincipal office address MUST BE A STRE	SET ADDRESS)		(1)
		A	7 5 T
nter new mailing address, if applicable:		HAS	ETA.
failing address MAY BE A POST OFFICE	E BOX)	THE SEE	<
		F	
. If amending the registered agent and	d/or registered office address on	our records, ente	he name of the
gistered agent and/or the new registered		,	
Name of New Registered Agent:	Joel Doliner		
New Registered Office Address:	13900 SW 104 Avenue		
	Er	nter Florida street addi	ress
	Miami	, Florida	33176
	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 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

Page 1 of 2

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 Type of Action Title Name Address ☐ Add Remove ∏ Add Remove _ Add Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Collection of a member or authorized representative of a member Colection Dollnor

Typed or printed name of signee Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00