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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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SECRETARY OF STATE
ALL AHASSEF FLORIDA

J. BRYAN
DEC 17 2009
EXAMINER

COVER LETTER

TO:	Registration S Division of Co				• .
SUBJI	ECT:	GELATO	STATION, LLC		
5010			ited Liability Company		
The en	nclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
		L	. EDWIN SAAR, ESQ.		O9 DEC 16 AM 11: 43 SECRETARY OF STATE SECRETARY OF STATE
			Name of Person		語ここ
		THE	SAAR LAW FIRM, P.A.		SSE T
			Firm/Company		TOP E
701 E. CC			MMERCIAL BLVD. SUITE	S. 1.3	
			Address		0
		-			
		E mail address:	D@SAARLAW.COM to be used for future annual report not	ification)	
For fu	rther information	concerning this matter, please	•	incarion)	
	L. EDV	VIN SAAR, ESQ.	at (_954)	491-8188	
	Name	of Person		me Telephone Numbe	er
Enclos	sed is a check for	the following amount:			
). Ka	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose)	ed) Certifie	ate of Status &
	Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

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



GELATO STATION, LLC

(Name of the Limited (A	Florida Limited I	ny as it now appears on o liability Company)	our records.)	LORNIE LORNIE				
he Articles of Organization for this Limited Liability Company were filed on FEBRUARY 03,2005 and assigned lorida document numberL05000011572								
This amendment is submitted to amend the follo	wing:							
A. If amending name, enter the new name of	the limited liab	ility company here:						
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," tl	he designation "L	LC" or the abbreviation				
Enter new principal offices address, if applica	ble:	2031-D WILTON I	DRIVE					
(Principal office address MUST BE A STREE)	<u>(ADDRESS)</u>	WILTON MANOR	S FL 33305 L	JS				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE 1	2031-D WILTON I	DRIVE SEL 33305 L	JS					
Trauming desired WHII BETTI OUT OF THOSE	<u>,0,7,7</u>							
B. If amending the registered agent and/o registered agent and/or the new registered off	ice address her		ecords, <u>enter t</u>	he name of the new				
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·							
New Registered Office Address:	701 E. CON	MMERCIAL BLVD. SUITE 100 Enter Florida street address						
	FORT	LAUDERDALE	, Florida	33334				
		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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	GUY F. LEHOUX	2031-D WILTON DRIVE WILTON MANORS FL 33305 US	Add Remove
<u>MGRM</u>	BARRY A. DOTSON	2031-D WILTON DRIVE WILTON MANORS FL 33305 US	✓ Add Remove
MGRM	RICHARD J. CHILDS, JR.	2031-D WILTON DRIVE WILTON MANORS FL 33305 US	Add Remove
MGRM	PAUL DELEONARDIS	7701 NE 8TH AVENUE MIAMI, FL 33138	Add ✓ Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	y.)
			O9 DEC 16 AMII SECRETARY OF STALL AHASSEE. FL
Dated	NOVEMBER 20 , 20	009	TATE DRIDA
	6:	Jacy	
	-	er or authorized representative of a member EDWIN SAAR, ESQ.	
		d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00