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STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR

NOV - 6 2008

EXAMINER

FILED

08 NOV - 6 PM 3: 15

TALLAHASSEE, FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

FILED  
08 NOV -6 PM 3:15  
TALLAHASSEE, FLORIDA

CONTACT: RICKY SOTO

DATE: 11/06/2008

REF. #: 000884.95143

CORP. NAME: GABRIEL'S INVESTMENTS LLC changing its' name to GABRIEL INVESTMENT GROUP LLC

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT             | <input type="checkbox"/> TRADEMARK/SERVICE MARK           | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION     | <input type="checkbox"/> LIMITED PARTNERSHIP              | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT             | <input type="checkbox"/> MERGER                           | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTI                     |   |  |
| <input type="checkbox"/> OTHER                     |   |  |

STATE ]

CF-25  
44 FOR \$ \$25.00

AUTHOR ]

BE DEBITED:

COST LIMIT: \$ \_\_\_\_\_

PLEASE \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

GABRIEL'S INVESTMENTS LLC

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

FILED  
08 NOV -6 PM 3:15  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9-15-06 and assigned  
Florida document number L05000054756

This amendment is submitted to amend the following:

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

GABRIEL INVESTMENT GROUP 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)

1031 WATERSIDE LANE  
HOLLYWOOD FL 33019

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1031 WATERSIDE LANE  
HOLLYWOOD FL 33019

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 MARKOVICH

New Registered Office Address:

1031 WATERSIDE LANE

(Enter Florida street address)

HOLLYWOOD

(City)

Florida

33019

(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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<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.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 Signature of a member or authorized representative of a member

GABRIEL MARKVIL  
 Typed or printed name of signee