

LO5000091773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

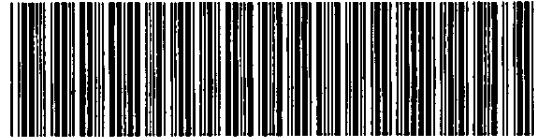
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**SAUL EWING**  
**ARNSTEIN**  
**& LEHR** LLP

Keith M. Poliakoff

Phone: 954.713.7644

keith.poliakoff@saul.com

www.saul.com

March 27, 2018

Division of Corporations  
Registration Section  
P. O. Box 6327  
Tallahassee, FL 32314

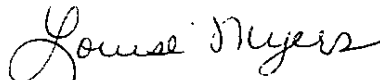
Re: GAP Investments, LLC  
Document No. L05000091773  
Reinstatement and Change of Name (to GAP Alico Investments, LLC)

To Whom It May Concern:

Enclosed please find Limited Liability Company Reinstatement together with Cover Letter and Articles of Amendment to Articles of Organization. Also enclosed is our check in the amount of \$957.50, representing the reinstatement (\$932.50) and name change (\$25.00) fees. **Please process together (i.e., Reinstatement first, and then Name Change.**

If you have any questions whatsoever or if you need any additional information, please contact the undersigned at 954-713-7634.

Very truly yours,



Louise Myers  
Secretary to Keith M. Poliakoff

Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GAP Investments, 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:

Keith Poliakoff

\_\_\_\_\_  
Name of Person

Saul Ewing Arnstein & Lehr, LLP

\_\_\_\_\_  
Firm/Company

200 East Las Olas Boulevard, Suite 1000

\_\_\_\_\_  
Address

Ft. Lauderdale, FL 33301

\_\_\_\_\_  
City/State and Zip Code

keith.poliakoff@saul.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith M. Poliakoff

954

713-7644

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

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

GAP Investments, 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 09-09-2005

Florida document number L05000091773

This amendment is submitted to amend the following:

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

GAP Alico Investments, LLC

The new name must be distinguishable and contain 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)**

c/o Keith Poliakoff, Saul Ewing Arnstein & Lehr, LLP

200 E Las Olas Boulevard, Suite 1000

Ft. Lauderdale, FL 33301

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

c/o Keith Poliakoff, Saul Ewing Arnstein & Lehr, LLP

200 E Las Olas Boulevard, Suite 1000

Ft. Lauderdale, FL 33301

**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:

Keith Poliakoff

New Registered Office Address:

c/o Saul Ewing Arnstein & Lehr, LLP, 200 E Las Olas Blvd., Suite 1000

*Enter Florida street address*

Ft Lauderdale

, Florida 33301

*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

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Keith Poliakoff	Saul Ewing Arnstein & Lehr! 200 E Las Olas Blvd. #1000 Ft Lauderdale, FL 33301	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 27, 2018

Signature of a member or authorized representative of a member

Keith Poliakoff

Typed or printed name of signee