

L06000033018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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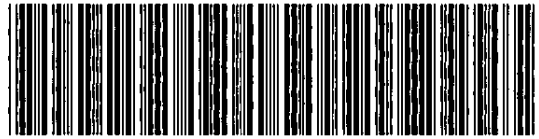
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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GE Lin
561-383-8188

J. BRYAN

JAN - 5 2009

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: GE & GE , 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:

LORNE WRAY

(Name of Person)

L.A.W Real Estate Investment Group, Inc.

(Firm/Company)

1120 E Hallandale Beach Blvd

(Address)

Hallandale, Florida 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

LORNE WRAY

(Name of Person)

at (954) 632-6884

(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

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
08 DEC 31 PM 2:36

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

FILED STATE
SECRETARY OF CORPORATIONS
08 DEC 31 PM 2:36

GE & GE, 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 December 10th, 2008 and assigned
Florida document number L06000033018.

This amendment is submitted to amend the following:

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

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:

LORNE WRAY

New Registered Office Address:

11825 Island Lakes Lane

(Enter Florida street address)

Boca Raton

(City)

, Florida 33498

(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:

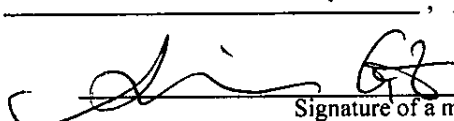

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GE LIN	11 DAKOTA PL BROOKLYN, NY 11234	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TAI MIIN CHIN	1186 OAK WATER DR ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SUMNER G KAYE	208 34TH ST WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LORNE A WRAY	11825 ISLAND LADIES LN BOCA RATON, FL 33498	<input checked="" 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 _____, _____

 LIN GE  TAI MIIN CHIN
Signature of a member or authorized representative of a member
GE LIN / TAI MIIN CHIN
Typed or printed name of signee

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