106000033269

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Business Emily Hume)
(Document Number)
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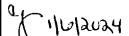




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COVER LETTER

TO:	Registration Se Division of Cor		•	
eur i		ura Development, LLC		
SUBJE	:C1:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please	return all correspo	ondence concerning this matter	r to the following:	
		Dean G. Germanos		
			Name of Person	
		Savitar, Inc. d/b/a Savitar	Realty Advisors as Managing Agent	
			Firm/Company	
		5345 Pine Tree Drive		
			Address	
		Miami Beach, FL 33140		
		julie@savitarcompanies.com	City/State and Zip Code	
		• •	(to be used for future annual report notification)	
For fur	ther information c	oncerning this matter, please c	call:	
Dean C	i. Germanos		30 5 866-1546 at (
	Name o	f Person	Area Code Daytime Telephone Number	
Enclose	ed is a check for th	ne following amount:		
\$ 2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is en	tus &
	Mailing Addres Registration S		Street Address: Registration Section	
	Division of C		Division of Corporations	
	P.O. Box 632 Tallahassee, I	7	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GDI Aventura Development, LLC

2023 DEC 18 1110: 23

(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 Compa	ny were filed on 3/29/2006	and assigned
Florida document number L06000033269		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability 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 offic	e address on our records, <u>enter</u>	the name of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	<i>s</i>
	Ci,	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>nt:</u>	

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Membe	AMBR =	= Authorized	Member
-------------------------	--------	--------------	--------

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Joanna L. Golden	5345 Pine Tree Drive	■Add
		Miami Beach, FL 33140	□ Remove
			□ Change
			Change
			
			□Remove
			□Change
			□Remove
			□Change
			Remove
			□ Change
			
			□Remove
			Change

, 11 am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an et <u>Note:</u>	tive date, if other than the date of filing:
the reco	rd 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 iled.
Dated	
	Signature of a member or authorized representative of a member
	Simon Galante, Manager Typedor printed name of signer