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SECRETARY OF STATE
DIVISION OF CORPORATION

AUG 1 6 2013 T. HAMPTON

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

GAVAG INVESTMENT GROUP, 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:

# JOSE TRICHILO

Name of Person

# GAVAG INVESTMENT GROUP, LLC

Firm/Company

444 BRICKELL AVE., SUITE 828

Address

MIAMI, FL 33131

City/State and Zip Code

fabio\_alfonso@yahoo.com

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

For further information concerning this matter, please call:

## FABIO ALFONSO

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**

GAVAG INVESTMENT GROUP, LLC
(Name of the Limited Liability Company as it now appears on our records.)

(A	Florida Limited Liability Company	<b>'</b> )	
The Articles of Organization for this Limited Lie Florida document numberL060004522		05/01/2006	_ and assigned
This amendment is submitted to amend the follow	owing:		
A. If amending name, enter the new name of	the limited liability company h	<u>iere</u> :	
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Com	pany," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
		tipo - d	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE )	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered of	fice address here:	our records, enter the	name of the new
Name of New Registered Agent:	JOSE TRICHILO		
New Registered Office Address:	444 BRICKELL AVE.	, SUITE 828	
		Enter Florida street addres	
	MIAMI	, Flerida <u>33</u> 1	131
	City		Zip Code
New Registered Agent's Signature, if changing R	legistered Agent:		
I hereby accept the appointment as registered the provisions of all statutes relative to the pu accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this d	roper and complete performand stered agent as provided for in registered office address, I here	ce of my duties, and I am Chapter 608, F.S. Or, if t	familiar with and this document is

Page 1 of 3

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>	Name	Address	Type of Action
MGR	VANESA RAGGHIANTI	444 BRICKELL AVE., SUITE 828	Add
		MIAMI, FL 33131	Remove
MGR	JOSE GABRIEL TRICHILO	444 BRICKELL AVE., SUITE 828	
		MIAMI, FL 33131	Remove
MGR	JOSE TRICHILO	444 BRICKELL AVE., SUITE 828	
		MIAMI, FL 33131	Remove
			— Add
			Remove
			SECRETA DIVISION OF
			5 1-Remove 1046
<del></del>			Add
			Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	AUGUST 13 2013
	Signature of a member or appropriate representative of a member
	JOSE TRICHILO
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

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