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**EXAMINER** 



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SECRETARY OF STATE
ALLAHASSEE FLOORS

## **COVER LETTER**

TO: Registration Section **Division of Corporations** 

GMG 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:

Marius Ged Name of Person Ellis, Ged & Bodden, P.A Firm/Company 7171 North Federal Highway Address Boca Raton, FL. 33487 City/State and Zip Code mged@ellisandged.com

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

For further information concerning this matter, please call:

Kimone Hall

Name of Person

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

GMG Investments, LLC					
( <u>Name of the Limited Lial</u> (A Flor	<b>pility Compan</b> rida Limited Li	y as it now appears on a bility Company)	our records.)		
The Articles of Organization for this Limited Liabili	ity Company <sup>,</sup>	were filed on 12/20/2	2006	_ and assig	gned
Florida document number L06000120621	·				
This amendment is submitted to amend the followin	g:				
A. If amending name, enter the new name of the	limited liabi	lity company here:			
N/A					
The new name must be distinguishable and end with the 'L.L.C."	words "Limit	ed Liability Company," t	he designation "LLC	or the ab	breviation
Enter new principal offices address, if applicable	:	N/A			
(Principal office address MUST BE A STREET A)	DDRESS)			74 <b>7</b> 5	
				景图	**** <u>F</u>
			3		natur Basilet Kanada
Enter new mailing address, if applicable:			<b>:</b>		1 
(Mailing address MAY BE A POST OFFICE BOX)					\$ # # # *******
	_		<u>c</u>	2: 52 SANE DANE	* polygon and the P
			S	irn N	
B. If amending the registered agent and/or receistered agent and/or the new registered office	egistered off	ice address on our r	ecords, <u>enter the</u>	name of	the new
Santa da Ingolia da Anta da Ingolia da Anta da Ingolia da Anta da Ingolia da Anta da Ingolia da Ing	ingia con nea c	•			
Name of New Registered Agent:	I/A				
New Registered Office Address:					
	Enter Florida street address				
_			, Florida		
		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 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 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	vpe of Action
MGRM	Ged, Charles G	7171 North Federal Highway	Add
		Boca Raton, FL 33487	Remove
MGRM	Ged, Marius	7171 North Federal Highway	Add
		Boca Raton, FL. 33487	Remove
MGR	Ged, Charles G	7171 North Federal Highway	- Add
		Boca Raton, FL. 33487	Remove
MGR	Ged, Marius	7171 North Federal Highway	Add
		Boca Raton, FL. 33487	Remove
			Add
			Remove
<del></del>			Add
			Remove

If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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  nted	12/1 1 2012.
	nature of a member or authorized representative of a member
•	Typed or printed name of signee  Page 3 of 3
	Filing Fee: \$25.00