

207000054068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

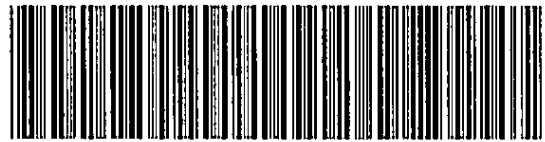
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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22 JUL 13 PM 3:22
SECTION OF STATE
DIVISION OF CORPORATION

T. MATTHEWS

JUL 25 2022



RECEIVED

2022 JUL 13 PM 2:46

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FL

June 23, 2022

MICHAEL WEINREB
19707 NE 36TH COURT
APT. 7H NORTHER TOWER
AVENTURA, FL 33180

SUBJECT: GIANT PROPERTIES II LLC
Ref. Number: L07000054068

We have received your document for GIANT PROPERTIES II LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 022A00014215

*Forms
completed*

*Adding my PARTNERS
NAME AND INFO*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Giant Properties II 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:

Michael Weinreb

Name of Person

Giant Properties II LLC

Firm/Company

PO Box 4081

Address

Allendale FL - 33008

City/State and Zip Code

cityrehab@gmail.com

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

For further information concerning this matter, please call:

Michael Weinreb

Name of Person

at (305) 710-3801

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)

I already
paid 52.00

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1111
SECRETARY OF STATE
DIVISION OF CORPORATION
22 JUL 13 PM 3:22

Giant Properties II 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 5/22/2007 and assigned
Florida document number L07000054068

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 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)

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:

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 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, 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	ERIC MANN	3225 NE 207 th Terr	<input checked="" type="checkbox"/> Add
AMBR	ERIC MANN	Aventura FL 33186	<input type="checkbox"/> Remove
	50% ownership		<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove

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7/6/2022

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.

Dated 7/6/2022

Signature of a member or authorized representative of a member

Typed or printed name of signee