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| (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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| Special Instructions to Filing Officer: |
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Office Use Only



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T. CLINE

JUN - 2 2009

EXAMINER

COVER LETTER

| TO: Registration S Division of Co | | | | | |
|-----------------------------------|--|---|----------------------------|------------------------------|----|
| SUBJECT: | Gio-M | ar Real 2, LLC | | | |
| | | ited Liability Company | | | |
| The enclosed Articles o | f Amendment and fee(s) are su | bmitted for filing. | | | |
| Please return all corresp | oondence concerning this matte | r to the following: | | | |
| | | Antonio L Roca | | | |
| | | Name of Person | | | |
| | | Roca Gonzalez, PA | | | |
| | | Firm/Company | | | |
| | 2601 So | uth Bayshore Drive, S | Suite 600 | | |
| | | Address | | | |
| | | Miami, FL 33133 | | | |
| | | City/State and Zip Code | | 3E(2009 | |
| | | ckahl@rgpa.com | | 2009 JUN - 1 SECRETARY | Y |
| | | to be used for future annual re | port notification) | ASS | |
| For further information | concerning this matter, please | call: | | L11-4 | |
| Ar | ntonio L Roca | at (305) | 859-6050 | AM 11: 14 OF STATE E. FLORID | (" |
| Name | of Person | Area Code & | ¿ Daytime Telephone Number | TE AGINA | |
| | | | | • | |
| 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) Certified | ite of Status & | d) |

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

| Gio-Mar (Name of the Limited Liability Cor (A Florida Limit | Real 2, LLC | on our records.) | |
|---|--------------------------|-----------------------|--------------------------|
| The Articles of Organization for this Limited Liability Comp | | | and assigned |
| 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 "L.L.C." | Limited Liability Compan | y," the designation " | LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | 2001 SE TAL |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | | FR E TI |
| | | | ASS. |
| Enter new mailing address, if applicable: | | | AMI PEF. FL |
| (Mailing address MAY BE A POST OFFICE BOX) | - | | TATE ORID |
| | | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | | ir records, enter | the name of the new |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | T | |
| | Ente | r Florida street ad | dress |
| | City | , Florida | 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

| Title | Name | Address | Type of Action |
|---|--|---|---------------------------------|
| MGR | Mariani, Giorgio | 9 Island Avenue, #2408 Miami Beach, EL 33139 | Add Remove |
| MGR | Giorgio Mariani | 2601 South Bayshore Drive Suite 600 Miami, FL 33133 | Add Remove |
| *************************************** | | | Add Remove |
| | | | Add Remove |
| | | | 2009 JUN - I AM SECRETARY OF |
| D. If amen | ding any other information, enter chan | age(s) here: (Attach additional sheets, if necessary.) | AM II: IL |
| | | | |
| Dated | Signature of a memor | er or authorized representative of a member | s len Here |
| | Type | Giorgio Mariani d or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00