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COVER LETTER

TO

Registration Section
Division of Corporations

SUBJECT:

GIO-MAR REAL 2, 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:

ALEX ORTIZ, CPA

Name of Person

SUAREZ, CEBALLOS, ORTIZ & VEGA, CPA'S

Firm/Company

354 SEVILLA AVE

Address

CORAL GABLES, FL 33134

City/State and Zip Code

ALEX@SCOVCPAS.COM

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

For further information concerning this matter, please call:

ALEX ORTIZ, CPA

Name of Person

305,448-5255

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

GIO-MAR REAL 2, LLC	_			
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appear liability Company)	s on our records.)	
The Articles of Organization for this Limited l Florida document number L08000017666		were filed on 02/	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company her	<u>e</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Compa	ny," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if appli	cable:	40 S.W. 13T	H ST, STE 204	r~2
(Principal office address MUST BE A STRE		MIAMI, FL 33	3130	- 3
				5
				6
Enter new mailing address, if applicable:		40 S.W. 13T	H ST, STE 204	
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33	3130	= =
				<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	or registered of office address her	<u>e</u> :	our records, <u>enter th</u>	ne name of the nev
New Registered Office Address:	354 SEVIL	LA AVE		
New Registered Office Address.			ter Florida street addr	ess
	CORAL GA	ABLES	, Florida <u>33</u>	134
		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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			<u> </u>
			Remove
			- YOW
			Remove
			Add
			Remove
			_
			Add
			Remove

If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
-	
-	
-	
ted	11/4, 2013.
	X / Chi of
	Signature of a member or authorized representative of a member
	Gracio Maniawi Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00