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SECRETARY OF STATE FLORID,

D. BRUCE

JUN 0 2 2009

**EXAMINER** 

# **COVER LETTER**

TO: ^ Registration Section Division of Corporations
SUBJECT: Gialenat 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:
Alejandro Valencia Dr. Name of Person
Firm/Company  P. O. BOX 825282  Address  Pembroke Pines FL, 33032  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Alyandro Valenoga at (957) 496 - 5387  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  \$\text{Certified Copy} (additional copy is enclosed)  \$\text{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

(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 Florida document number 280000 7415 9.	were filed on 08 - 10 - 2008 and assigned	
This amendment is submitted to amend the following:	N-I HASSI	
A. If amending name, enter the new name of the limited liabi	ility company here:	
GIAlenat. LLC ES D		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "Lambrabbreviation	
Enter new principal offices address, if applicable:	16332 SW 235t	
(Principal office address MUST BE A STREET ADDRESS)	Miramar FL, 33027	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 825282 Pembroke Pines, Fl, 33082	
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: Aleja	ndro Valencico Jr.	
New Registered Office Address: 10338	SW 23 <sup>S+</sup> Enter Florida street address	
Mive	City, Florida 33027 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 2

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action MGRM Alejandro Valencia Jr. 1633 MGRM Alejandro Valencia Jr. 1633 ☐ Remove □ Add Remove ∏ Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Typed of printed name of signee

. 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:

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Filing Fee: \$25.00