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SUCRETARY OF STATE TAIL AHASSEE, FLERIDA

T. CLINE

JAN 28 2010

EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations				
SUBJECT:	Gemr	na Due, LLC		_	
	Name of Limi	ted Liability Company			
	of Amendment and fee(s) are subspondence concerning this matter	-			
		Antonio L Roca		_	
Name of Person				_	
Roca Gonzalez, PA					
	MAN				
2601 South Bayshore Drive, Suite 600					
	-				
Miami, FL 33133					
		City/State and Zip Code		ZDIO JAN SECRET	g~+ ,,, m1
E-mail address: (to be used for future annual repo			ort notification)	MASS NAME OF THE PARTY OF THE P	in Teresan Teresan Teresan
For further information concerning this matter, please call:				ETT TS.	الله المريدين المريد المريد
,	Antonio L Roca	at (_305_)	859-6050	per 32 to	•
Nan	ne of Person	Area Code &	Daytime Telephone Numb	per 📰 🗓	
Enclosed is a check for	or the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certific nclosed) Certific	Filing Fee, cate of Status & ed Copy onal copy is enclo	osed)
MAILING ADDRESS:		STREET/0	COURIER ADDRESS:		

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

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Gemma D	Due, LLC				
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)			
The Articles of Organization for this Limited I	were filed on	10/16/2008	and assigned			
Florida document numberL0800009	<u>97534 </u>					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liab	ility company he	<u>re</u> :			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Comp	any," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if appli	2601 South Bayshore Drive, Suite 600					
(Principal office address MUST BE A STRE	Miami, FL 33133					
Enter new mailing address, if applicable:		2601 South E	Bayshore Drive,	Stuite 600		
(Mailing address MAY BE A POST OFFICE	Miami, FL 33	3133	59 5 11			
		<u> </u>	.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>ente</u> i	the name of the new		
Name of New Registered Agent:	RGPA Regi	istered Agent C	orp.	in in		
New Registered Office Address:	2601 South	2601 South Bayshore Drive, Suite 600				
			nter Florida street a			
		Miami	, 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 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 Type of Action Address Title Name MGR Luciano Ditadi 2601 South Bayshore Drive Add Remove Suite 600 Miami, FL 33133-MGR Elena Ditadi 2601 South Bayshore Drive Suite 600_ Remove Miami, FL 33133 ☐ Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Managers are change of address only Dated JANUARY 1, 2010. Signature of a member or authorized representative of a member Luciano Ditadi Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00