

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110001113513)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Fax Number : (305)633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GIGA APPARTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Elegranic Filing Menu

Corporate Films MenCLEODHelp

APR 26 2011

**EXAMINER** 

4/25/2011

https://efile.sunbiz.org/scripts/efilcovr.exe

**b∀**@E 01\03

EMPIRE CORP KIT

302233626

04/52/5011 00:05

## H110001113513

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GIGA AF	PARTMENTS LLC			
(Name of the Limited Liability (A Florida L	Company as it now appear imited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on	01/26/2009	and assigned	
Florida document numberL09000007898	<b></b> •			
This amendment is submitted to amend the following:				
A. If amunding name, enter the new name of the limit	ted liability company hard	<b>3:</b>		
The new name must be distinguishable and end with the word	is "Limited Liability Compa	ny," the designation "I	.LC" or the abbreviation	
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDR	<u> </u>		<u> 존영</u> 🕳	
			<b>五</b>	
Enter new mailing address, if applicable:			25 .SSE	
(Mailing address MAY BE A POST OFFICE BOX)			ro 🛌 n	
	<del></del>		S 9	
	<u> </u>		25	
B. If amending the registered agent and/or registe		ur records, <u>enter t</u>	he name of the new	
registered agent and/or the new registored office addr	ess here:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida streat oddress			
	, Florida			
	City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment at 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, Stenature of New Registered Agent

Page 1 of 2

H110001113513

## H116001113513

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 <u>Name</u> <u>Address</u> Type of Action MGR HALPERN, ANALIA 9130 S. DADELAND BLVD 🕜 Add SUITE 1600 Remove MIAMI, EL 33156 ∐ Add Remove Add Remove □ Add Remove \_\_Add Remove Remove. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) APRIL 25 Dated member or authorized representative of a member **CESAR HALPERN** yped or printed name of signee Page 2 of 2

H110001113513