L09000017869

(Requestor's Name)	_			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100212285971

09/23/11--01011--009 **35.00



T. CLINE

OCT - 3 2011

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp	
SUBJECT:	GMN WEST LLC
	Name of Limited Liability Company
The enclosed Articles of A	amendment and fee(s) are submitted for filing.
Please return all correspon	dence concerning this matter to the following:
	UGO V CHIARATO Name of Person
	Name of Ferson
	Firm/Company
	1680 MICHIGAN AVE \$\frac{1022}{Address}
	HIANI BEACH FL 33 139 City/State and Zip Code
	UGO CUGO CPA · COH E-mail address: (to be used for future annual report notification)
For further information co	ncerning this matter, please call:
	CHIARATO at 305, 899.5099 P.H. ATT STATE OF STAT
Name of	Person Area Code & Daytime Telephone Number (SA)
Enclosed is a check for the	e following amount: ALREADY PAID \$35. PLEASE REFUND \$100
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section

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 O	RGANIZATION	ALES ZOIL
Of	?	A B FE
(Name of the Limited Liability Compan (A Florida Limited Li		ZOU SEP 30 PM SECRETARY DF S
The Articles of Organization for this Limited Liability Company	were filed on	STA Signed
Florida document number <u>L 09000 17869</u>		<u> </u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:	1680 MICHIGAN	AVE_ SUITE LOZZ
(Principal office address MUST BE A STREET ADDRESS)		
	HIAMI BEACH FLO	RIDA 33139
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
	, Florida	
	City , Plottua	Zip Code

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

١

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 <u>Title</u> Name **Address Type of Action** 1680 MICHIGANAVE # 1022 DAdd MGKH MARCO BLANCO Remove ☐ Add Remove Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ONLY CHANGE: ARTICLE V. OF HAMAGING MEHBERS/HANAGERS SEPTEMBIER 19,2011 Signature of a member or authorized representative MATTEO PADERNI Josem V Typed or printed name of signer