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SECRETARY OF STATE

C. LEWIS

APR 1 5 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Gabriel Real Estate investiment 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:				
Halim Farag Name of Person				
Firm/Company				
717 Bobolink Ct.				
Kissimmee Fl 34759 City/State and Zip Code Halim - Farag & Yahoo Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Halim Farag at (561) 635-2390 Name of Person at (561) Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee & Status \$55.00 Filing Fee & Certificate of Status \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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 Florida Limited Liability Company)	VESTIMENT LLC,
The Articles of Organization for this Limited Liz	ability Company were filed on <u>SeP</u>	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of Gabri Pl Real E. The new name must be distinguishable and end with "L.L.C."		ent LLC: the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	describer of the control of the cont
(Principal office address MUST BE A STREE)	(ADDRESS)	4. 2.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>30X)</u>	EGRETARY OF STU
B. If amending the registered agent and/o registered agent and/or the new registered off		ecords, enter the name of the new
Name of New Registered Agent:	Halim Farag	
New-Registered Office Address:	Enter Pl	lorida-street addres s
	City	, Florida 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 = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	N/A		m nama
			D amano
	<u></u>		AddRemove
			AddRemove
			Add Remove
			Damen
D. If amen	nding any other information, ente	er change(s) here: (Attach additional sheets, if n	
 Dated	HALIM FARA	a member of authorized representative of a member G & Sava Nada Typed or printed name of signee	2011 APR HE AM MAI JUN SEGRETARY OF STATE TACHAHASSEE: FLORIDA

Page 2 of 2

Filing Fee: \$25.00