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T. HAMPTON

DEC - 4 2009

EXAMINER

COVER LETTER

TO: Registration So Division of Co						
SUBJECT:	Ğ	MIA LLC				
SUBJECT:		ted Liability Company	· · · · · · · · · · · · · · · · · · ·	_		
	Amendment and fee(s) are sub					
		Israel Avila				
		Name of Person				
	GIMIA LLC					
	Firm/Company					
	915 West Hallandale Beach Blvd.					
		Address				
*	Hallandale Beach FL., 33009					
	City/State and Zip Code					
	- adabrams@hotmail.com E-mail address: (to be used for future annual report notification)					
For further information of	concerning this matter, please c	all:				
ı	srael Avila	at (305)	720-7339			
Name o	of Person		Daytime Telephone Nun	nber		
Enclosed is a check for t	he following amount:					
 ▼ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certi:	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)		
MAILING ADDRESS:		STREET/C	COURIER ADDRESS	3:		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	GIMIA				
(<u>Name of the Limited I</u> (A	Liability Compa Florida Limited L	ny as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Lia	were filed on	11/20/2009	and assigned		
Florida document number L090001119	956				
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	ility company her	<u>re</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compa	any," the designation "LLC	or the a	bbreviation
Enter new principal offices address, if applica	ble:	915 West Ha	llandale Beach Blvd		22
(Principal office address MUST BE A STREET ADDRESS		Hallandale Beach FL., 33009		<u>-3</u>	25.50 12.50 12.50 13.50
Enter new mailing address, if applicable:			llandale Beach Blvd	PH 12: 08	OF STATE
(Mailing address MAY BE A POST OFFICE BOX)		Hallandale B		Z	
B. If amending the registered agent and/or registered agent and/or the new registered offi Name of New Registered Agent: New Registered Office Address:	ice address here	e: allandale Beac			f the new
		Hallandale Beach , Florid		33009	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
MGMR	Israel Avila	915 West Hallandale Beach Blvd. Hallandale Beach FL., 33009	Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)
	Srael Avila at 919 Ukudale Beach FL. 33		
9	115 West Hallandal	Beach BLVd. Halland	lale Beach FL 33009 Please Colvect.
Th	e Landlord gave me	The wrong address, 1	Plase Colvect.
Dated	November 30, 2009	·	91V.S
			SEGRET
	Signature of a member	or authorized representative of a member	of C
	Typed (Israel Avila or printed name of signee	G 7/4
		Page 2 of 2	OF STATE RPORATIO
	Fi	ling Fee: \$25.00	TIONS