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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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GFB TAX SERVICE LLC

Account Number : I20120000047

Phone

Fax Number

: (754)246-6160 : (954)510-2072

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

Email	Address:				
		 	 		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMEVEREGLADES LLC

Certificate of Status 0 Certified Copy Page Count 03 Estimated Charge \$25,00

D. BRUCE

OCT 29 2012

EXAMINER

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10/26/2012 13:43 p T0:+1 (850) 6176383 FROM:9545102072

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COVER LETTER

	••	•		*-1
TO: Registration Sect	ion			•
Division of Corpo				
\$1				
SUBJECT:	AMEVER	REGLADES LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
riense return an correspone	ichee etwicelining uns matter	to the tottowing.		
		GASTON BELEN		
		Name of Person		
	0.5	TAY OF DUICE LLO		,
	GF	B TAX SERVICE LLC		
		Firm/Company		
5210 SW 201st TERRACE				As z
Address				FII 12 OCT 26 SECRETAR VLLAHASS
	SOUTHWEST RANCHES, FL 33332			FILED 26 AM ARY OF
		City/State and Zip Code		1771 mK
	GASTONBE	LEN@GFBTAXSERVICE	.COM	
	E-mail address: (to be used for future annual report noti	fication)	8: 42 STATE LURID
For further information con	cerning this matter, please c	all:		8:
				بة. <i>ت</i>
GAST	ON BELEN	at (754)	246-6160	_
Name of F	erson		ne Telephone Number	•
75 1 17 - 1 16 - 4	C. Normalina			
Enclosed is a check for the	tollowing amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee Certificate of St	
	Certificate of Status	(additional copy is enclose	d) Certified Copy	
		•	(additional copy	y is enclosed)
MAILIN	G ADDRESS:		IER ADDRESS:	
Registration Section		Registration Secti	on	

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

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	REGLADES LLC			
(Name of the Limited Liability (A Florida L	Company as it now appears	on our records.)		
(A Florida L	mined inability Company)			
The Articles of Organization for this Limited Liability Co	ompany were filed on	03/22/2010	and assigned	
Florida document number L10000031373				
Horida document number	·····			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ad lighility company hore			
A. If amonding name, enter the new name of the man	ed habitty company nete.			
The new name must be distinguishable and end with the word	ls "Limited Liability Company	," the designation "LLC"	or the abbrevia	ation
"L.L.C."				
Puter many multiplicate and durant if applicables				
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR.	ESS)			
			12/0	-A
		<u>,</u>		3
			- 法拼 S	3
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·		-	ન .
(Mailing address MAY BE A POST OFFICE BOX)			55.55 5.55 5.55 5.55 5.55 5.55 5.55 5.	₹ <u>⊒</u> >.
			Light Ba	_
				- [[[]]
			<u>~~</u>	
B. If amending the registered agent and/or registe		r records, <u>enter the</u>	name of the	<u>new</u>
registered agent and/or the new registered office addr	ess here:			,
Name of New Registered Agent:				
Traile of frew Registered Figure.				
New Registered Office Address:		···		
	Ente	r Florida street address		
	. Florida			
	City		ip Code	
N. Dodge I A could be a commented to the control of the country of				

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

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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>	<u>Name</u>	Address	Type of Action
MGRM	Iriano Marketing Ltd	Trident Chambers 146 Road Town Tortola, BVI	Add Remove
<u>MGRM</u>	MONKOWSKI, ALBERTO	5210 SW 201ST TERRACE SOUTHWEST RANCHES FL 33332 (Add S Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.,)
			APPROVED AND FILED 12 OCT 26 AM 8 SECREJARY OF SIALLAHASSEELFL
Dated	OCT 26ST	012 .	% 42
	Signature of a memb	er or authorized representative of a member	J.
		GASTON BELEN (
	Туре	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00