L10000096162

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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L10-96162

Amend

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 24 2015

N. CAUSSEAUX

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: GUILFORD GROUP FLORIDA 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:

DENNIS FLANAGAN
Name of Person

ALLEGIANT TITLE, LLC
Firm/Company

100 N. BISCAYNE BLVD., SUITE 2106
Address

MIAMI, FL 33132
City/State and Zip Code

DF@ALLEGIANT-TITLE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENNIS FLANAGAN at (305) 672-1222
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

- ■ $25.00 Filing Fee
- ☐ $30.00 Filing Fee & Certificate of Status
- ☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $60.00 Filing Fee, Certificate of Status & 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

Check Details

Print Help with this page

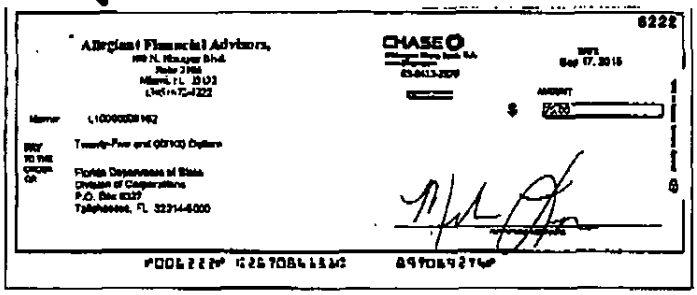
I'd like to...

- See Account Statements

AFA Expense 9274 (...9274)

Check Number: 6222 Post Date: 09/22/2015 Amount of Check: $25.00

Front Enlarge/Reduce Check Image



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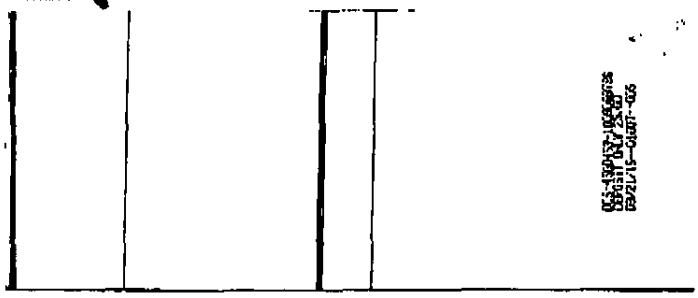
Back Enlarge/Reduce Check Image



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Return to Account Activity

13:50 Update Payment 09/24/15

DEP Page 0001/0001

Deposit Number	: 09/21/15 01007 005	Deposit Amount :	25.00
Account Number	:	Deposit Balance:	0.00
Refund Request Date	:	Debit Memo Date:	
Refund Mail Date	:	Void Date:	
Refund Amount	: 0.00	User ID :	KWALKER
Requester	:		

DOC Page 0001/0001

Tracking Number	: 500277216905	Document Number:	500277216905
Ledger Date	: 09/21/15	Sub Account Number:	
Document Requester	:		

Category	Description	Amount
CF	ALL CORP FILING FEES	25.00

<Ctrl>A - Add Pay <Ctrl>R - Rem pay <Ctrl>D - Print doc <Ctrl>V - Print check

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATTN: Nanette

GUILFORD GROUP FLORIDA, LLC

(Name of the Limited Liability Company as it now appears on our records)

(A Florida Limited Liability Company)

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TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/14/2010 and assigned Florida document number L10000096162.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

345 OCEAN DRIVE
UNIT 1122
MIAMI BEACH, FL 33139

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

C/O LUIGI PARENTE
1001 BRICKELL BAY DRIVE, SUITE 1706
MIAMI, FL 33131

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: ALLEGIANT TITLE, LLC

New Registered Office Address: 100 N. BISCAYNE BLVD., SUITE 2106
Enter Florida street address

MIAMI, Florida 33132
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRD	MARCO SIMEON	4627 PONCE DE LEON BLVD.	☐ Add
		CORAL GABLES, FL 33146	☒ Remove
			☐ Change
MGRM	Guilford Enterprises Limited	4627 PONCE DE LEON BLVD.	☐ Add
		CORAL GABLES, FL 33146	☒ Remove
			☐ Change
MGR	FLAVIA FOGLI	1017 JEFFERSON AVENUE	☒ Add
		#301	☐ Remove
		MIAMI BEACH, FL 33139	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated SEPTEMBER 14th 2015

Signature of a member or authorized representative of a member

MARCO SIMEON

Typed or printed name of signee

Filing Fee: $25.00