

410000007298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

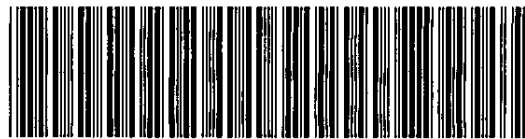
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 NOV 22 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan

NOV 24 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2013

GERALD FORMAN
113 W. BAYRIDGE DRIVE
WESTON, FL 33326

SUBJECT: G FIVE LLC
Ref. Number: L09000103220

We have received your document for G FIVE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number you listed does not match the name. The manager Kitt C. Marcellus you can only Add or Remove not both.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 913A00026330

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G5IVE, 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:

GERALD FORMAN

Name of Person

Firm/Company

113 W. BAYRIDGE DR

Address

WESTON, FL 33326

City/State and Zip Code

geraldforman@myacc.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerald Forman

at (**954**) **384-2688**

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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OFSECRETARY OF STATE
TALLAHASSEE, FLORIDA

G5ive, LLC

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

The Articles of Organization for this Limited Liability Company were filed on January 15, 2011, and assigned
Florida document number L11000007298

L11000007298

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

KITT C. MARCELLUS

New Registered Office Address:

337 NW 170 ST.,

Enter Florida street address

NO. MIAMI BEACH

Florida 33169

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

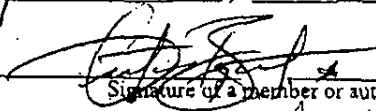
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Kitt C. Marcellus	337 NW 170 St., No. Miami Beach 33169	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Manager	Roudy Charles	337 NW 170 St., No. Miami Beach, FL 33169	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
Manager	Antonio Bryant	337 NW 170 St., No. Miami Bech, FI 33169	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated

11/8/2013



Signature of a member or authorized representative of a member

Antonio Bryant

ANTONIO BRYANT

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA