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COVER LETTER

Division of Corpo	rations			
SUBJECT:	Ginza	5 L L (C	
	Name of Can	ned Elability Company		
The enclosed Articles of An	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
		_		7 N
	Ilya	Byko V Name of Person		OP
		Name of Person		
	Protax :	Pervices Co)/p	
		Firm/Company	,	•
	L Rect	for Street	t, S1202	<u> </u>
		Address		
	New 5	City/State and Zip Code SERV @ ac/ to be used for future annual report	10006	
		City/State and Zip Code	4	
	protax	serva aol	. com	
	E-mail address: (to be used for future annual report	notification)	
For further information con-	cerning this matter, please ca	all:		
TO 1	3.600			
Ilya E	Syrio	at (<u>2/2</u>) Area Code Da	587-096	<u>0 </u>
Name of P	erson	Area Code Da	ytime 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)		e of Status &
		,		copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

٠.

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

GT	NZA 5 LLC	8
	Liability Company as it now appears on our records.) Florida Limited Liability Company)	20 1
The Articles of Organization for this Limited Lial Florida document number <u>L 11004034</u>	bility Company were filed on04/05/24	211 and assigned
This amendment is submitted to amend the follow	ving:	»•
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	OX)	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, <u>e</u> <u>ce address here</u> :	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	Ia
	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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MER	TATIANA BRUNETTI	Address 41 E 20 th Street New York NY 10000	100 Adds
		New York NY 1000	L Remove
			A ST
MBK_	GALINA ISKAKOVA	244 23 Collins Ave	☑ Add
		244 23 Collins Ave Miami Beach FL	□ Remove
		33140	
			□ Add
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D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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		WHO BET ZU	
			2
Е.	Effective date, if other than the date of filing:	1000 mm	#: 31
	Dated	·	
	Signature of a member or authorized representative of a member		
	Omitru Sergeev		
	Typed or printed name(of signee		

Page 3 of 3

Filing Fee: \$25.00