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EXAMINER					
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	Name of Limited Liability Company			
The er	closed Articles of Amendment and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Giselle Rister			
	Gentary, LLC Firm/Company			,
	10643-F N. Kendall Dr.	<u> </u>	20	
	Miami, FL 33176 City/State and Zip Code	CAHASS	II SEP 13	
	E-mail address: (to be used for future annual report notification)		A	m
For fu	her information concerning this matter, please call:		æ. ≎:	
	Name of Person at (186) 564-1146 Area Code & Daytime Telephone Number			
Enclos	ed is a check for the following amount:			
\$ \$25	00 Filing Fee \$\bigcup \\$30.00 Filing Fee \& Certificate of Status \$\bigcup \\$55.00 Filing Fee \& Certified Copy \$\bigcup \\$certified Certified Copy (additional copy is enclosed) \$\bigcup \\$certified (additional copy is enclosed)	te of Sta l Copy	itus &	osed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEMAA	+2,LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears ted Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L11000039</u>		2011 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here	•	
GEMAZ, LLC			
The new name must be distinguishable and end with the words "I"L.L.C."	Limited Liability Company	y," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	-		
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u> .	28 29	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEP 13 M B	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		r records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	C:A.	, Florida	
	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

Title <u>Name</u> <u>Address</u> **Type of Action** Marcos Rivera Remove ☐ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or author ized representative of a member <u>tfister</u> Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00