

L11000093930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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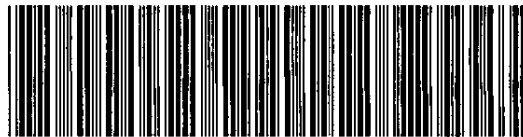
(Business Entity Name)

(Document Number)

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2015 MAY 26 PM 3:46
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MAY 27 2015
J BRUCE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Gemaaz, 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:

MARCOS Rivera
Name of Person

Firm/Company

14629 SW 104th Street #415
Address

MIAMI, FL 33186
City/State and Zip Code

marcos@gemaaz.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcos Rivera at (305) 848-5696
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

FILED
2015 MAY 26 PM 3:44
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Gemaaz, 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 8/16/11 and assigned Florida document number L11000093930.

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 offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

14629 SW 104th Street

#415

Miami, FL 33186

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14629 SW 104th Street

#415

Miami, FL 33186

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:

Marcos Rivera

New Registered Office Address:

14629 SW 104th Street #415

Enter Florida street address

Miami

City

Florida

33186

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Giselle Pfister</u>	<u>10643 N. Kendall Dr.</u>	<input type="checkbox"/> Add
		<u>Suite F. Miami, FL 33176</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>MARCOS Rivera</u>	<u>14629 SW 104th Street</u>	<input checked="" type="checkbox"/> Add
		<u>#415.</u>	<input type="checkbox"/> Remove
		<u>Miami, FL 33186</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

(b) The 90th day after the record is filed.

Dated May 19, 2015

Signature of a member or authorized representative of a member

MARCOS Rivera

Typed or printed name of signee