

# L110000140830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

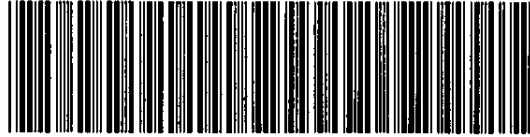
(Document Number)

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15 FEB 12 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 12 2015  
T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: G G & ASSOCIATES 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:

HERMAN MOSKOWITZ CPA

Name of Person

HERMAN MOSKOWITZ CPA PA

Firm/Company

3850 HOLLYWOOD BLVD SUITE 204

Address

HOLLYWOOD FL 33021

City/State and Zip Code

HM@HMOSKOWITZCPA.COM

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

For further information concerning this matter, please call:

HERMAN MOSKOWITZ

at ( 964 )

983-6500

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 23, 2014

G G & ASSOCIATES LLC  
700 NE 90TH ST  
MIAMI, FL 33138

SUBJECT: G G & ASSOCIATES LLC  
Ref. Number: L11000140830

RECEIVED  
15 FEB 12 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

We have received your document for G G & ASSOCIATES LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 314A00027074

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

**G G & ASSOCIATES LLC**

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/01/2011

Florida document number L11000140830

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 "L.L.C."

Enter new principal offices address, if applicable:

700 NE 90TH STREET

*(Principal office address MUST BE A STREET ADDRESS)*

MIAMI FL 33138

Enter new mailing address, if applicable:

700 NE 90TH STREET

*(Mailing address MAY BE A POST OFFICE BOX)*

MIAMI FL 33138

**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:

HERMAN MOSKOWITZ

New Registered Office Address:

3850 HOLLYWOOD BLVD SUITE 204

Enter Florida street address

HOLLYWOOD

City

Florida 33021

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, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	GAD GILADI	1310 N DETROIT ST # 208	<input type="checkbox"/> Add
		LOS ANGELES, CA 90046	<input checked="" type="checkbox"/> Remove
MGR	JOSHUA SHEMTOV	700 NE 90TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI FL 33138	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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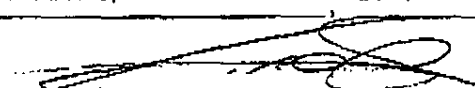
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Federal Employer Identification Number 47-3055482

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated FEBUARY 9, 2015



Signature of a member or authorized representative of a member

JOSHUA SHEMTOV

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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