

LI 2000083095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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10/07/13--01020--009 **25.00

2013 OCT -7 AM 11:37
J. SAULSBERRY
EXAMINER

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EXAMINER
OCT 9 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GEO 12 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:

IDA C OVIES
Name of Person
IDA C OVIES CPA PA
Firm/Company
3785 NW 82 AVE #302
Address
DORAL FL 33166
City/State and Zip Code
idaovies@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IDA OVIES at (305) 477 5798
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2013 OCT -7 AM 11:37

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

GEO 12 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 _____ and assigned
Florida document number _____.

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:

(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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **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 Name Address Type of Action

MGR HERNANDEZ, MONICA 2609 COLLINS AVE ☐ Add

MIAMI BEACH, FL 33140 ☒ Remove

MGR LETTIERI, MARINA 2609 COLLINS AVE ☐ Add

MIAMI BEACH, FL 33140 ☒ Remove

MGR LETTIERI, JULIETA 2609 COLLINS AVE ☐ Add

MIAMI BEACH, FL 33140 ☒ Remove

MGR LETTIERI, GUILLERMO H 2609 COLLINS AVE ☐ Add

MIAMI BEACH, FL 33140 ☒ Remove

MGR HIRSHBERG, SILVINA E 2609 COLLINS AVE ☐ Add

MIAMI BEACH, FL 33140 ☒ Remove

MGR HIRSHBERG, FEDERICO 2609 COLLINS AVE ☐ Add

MIAMI BEACH, FL 33140 ☒ Remove

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

Dated

10/01/2013

Federico Hirshberg

Signature of a member or authorized representative of a member

FEDERICO HIRSHBERG

Typed or printed name of signee

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Filing Fee: \$25.00

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STATE
CLERK OF COURT