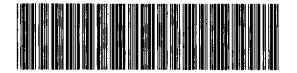
L12000120522

(Re	questor's Name)	···
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nan	ne)
•		
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

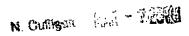
Office Use Only



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2014 MAR -3 AM II: 10 SECRETARY OF THEM



COVER LETTER

TO:

Registration Section **Division of Corporations**

GILLI REAL ESTATE, 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:

Antonio Roca

Name of Person

Roca Gonzalez, P.A.

Firm/Company

2601 South Bayshore Dr Suite 725

Address

Miami FL 33133

City/State and Zip Code

Ckahl@RGPA.com

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

For further information concerning this matter, please call:

Carolyn Kahl

at (305)859-6050

Area Code & Daytime Telephone Number

Name of Person

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

2014 MAR -3 AM II: 10 SLORETARD OF STATE TALLAHASSEE, FLORIDA

Zip Code

GILLI REAL ESTATE, LLC				
(Name of the Limited (A	<mark>Liability Compan</mark> Florida Limited Li	y as it now appears on or ability Company)	ur records.)	
The Articles of Organization for this Limited Li. Florida document number <u>L12000120522</u>				_ and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limit	ted Liability Company," th	ne designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2601 South Bayshore Dr Suite 725		
		Miami, FL 33133		
•			·	
Enter new mailing address, if applicable:		2601 South Bayshore Dr Suite 725		
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33133		
B. If amending the registered agent and/or the new registered of			ecords, enter the	name of the new
Name of New Registered Agent:	RGPA Registred Agent, Corp.			
New Registered Office Address:	2601 South	Bayshore Dr Suite		
-	Enter Florida street address			
	Mìami		, Florida <u>331</u> :	33
		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. Hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Add	
			Remove	
			Konove	
•			Remove	
			Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	

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

Dated February <u>24</u>	<u>2014</u> .
\mathcal{L}	
Signatu	re of a member or authorized representative of a member
Jose Francesco N	lunoz, Manager
<u> </u>	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

FILED
2014 NAR -3 AN 11: 10
SLUBETANCY OF STATE
TALLAHASSEE, FLORIDA