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Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : SERBER & ASSOCIATES, P.A.
 Account Number : I20000000083
 Phone : (305) 932-6262
 Fax Number : (305) 933-9393

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TALLAHASSEE FLORIDA

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Email Address: lf@serberlaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GANAVE LLC**

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OCT 09 2014
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GANAVE, 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:

Daniel J. Serber

Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street Suite 801

Address

Aventura, Florida 33180

City/State and Zip Code

info@serberlawfirm.com

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

For further information concerning this matter, please call:

Yolanda L. Fornaris

Name of Person

at **(305) 932-6262**

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 &
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\$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

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GANAVE, LLC

(Subject to the Limited Liability Company Laws of the State of Florida)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/18/2012 and assigned Florida document number 12008191791

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 add the words "Limited Liability Company," the designator "LLC," or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

(Include office suite or SUITE #A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If changing 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

(New Florida street address)

Florida

City

Zip Code

New Registered Agent 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 685, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby certify that the limited liability company has been notified in writing of this change.

(Changing Registered Agent Signature of New Registered Agent)

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CLERK OF CIRCUIT COURT

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
AMTR - Authorized Member

Title	Name	Address	Type of Action
MGR	S S A COMPANY MANAGEMENT LLC	2875 NE 191 STREET SUITE 801 AVENTURA FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	BETSABE AXA CENTURION	2875 NE 191 STREET SUITE 801 AVENTURA FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <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) herein (attach additional sheets, if necessary.)

Four horizontal lines for amending information.

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

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

Dated: SEPTEMBER 17 2014

Handwritten signature of Mario Alberto Gomez

MARIO ALBERTO GOMEZ

Type or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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