

L12000136298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

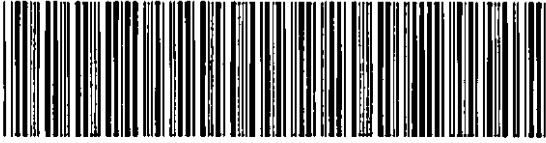
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000315591150

07/13/18--01018--012 **25.00

2018 AUG - 1 PM 2:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

D BRUCE
AUG 08 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2018

GABRIELE BRAHA
435 21ST STREET CU4
MIAMI BEACH, FL 33139

SUBJECT: FIVE TREES OF LIFE LLC
Ref. Number: L12000136298

We have received your document for FIVE TREES OF LIFE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 118A00015023

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2018 AUG - 1 PM 2:42

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FIVE TREES OF LIFE 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:

GABRIELE BRAHA
Name of Person
FIVE TREES OF LIFE LLC
Firm/Company
435 21TH STREET CU4
Address
Miami Beach 33139
City/State and Zip Code
info@redgroup.estate
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriele Braha at (786) 536.2106
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 AUG - 1 PM 2:42

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FIVE TREES OF LIFE 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 10/25/2012 and assigned
Florida document number L2000136298

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 "L.L.C." or the abbreviation "LLC"

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

435 21ST STREET CU4

MIAMI BEACH 33139

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 191862

MIAMI BEACH FL 33119

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:

GB SEVEN INVESTMENTS LLC

New Registered Office Address:

435 21ST STREET CU4

Enter Florida street address

MIAMI BEACH

Florida

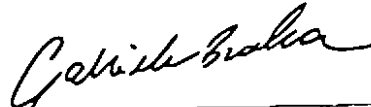
33139

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 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

2018 AUG - 1 PM 2:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA
FILED

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> |
|--------------|--------------------------|------------------------------------|--|
| MGR | GABRIELE BRAHA | PO BOX 191862 MIAMI BEACH FL 33139 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | GB SEVEN INVESTMENTS LLC | PO BOX 191862 MIAMI BEACH FL 33139 | <input checked="" 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 |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2010 AUG -1 PM 2:42

FILED

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

Multiple horizontal lines for amending information.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2018 AUG - 1 PM 2:42

FILED

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 07/30/2018

Gabriele Braha

Signature of a member or authorized representative of a member

GABRIELE BRAHA

Typed or printed name of signer