

L12000144184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

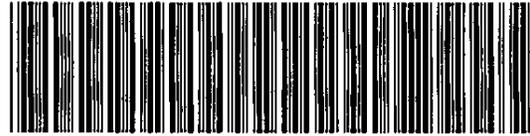
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Amend

Office Use Only



600252274916

10/07/13--01004--024 \*\*95.00

FILED  
13 OCT 11 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch OCT 15 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: G4 HOLDINGS, 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:

**TODD R. BOMSER, CPA**

Name of Person

**GOTTESMAN, BOMSER & CO, PA**

Firm/Company

**8211 W. BROWARD BLVD, SUITE 440**

Address

**PLANTATION, FL 33324**

City/State and Zip Code

**TODD@GBC1040.COM**

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

For further information concerning this matter, please call:

**TODD R. BOMSER, CPA** at **954 321-9991**

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



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

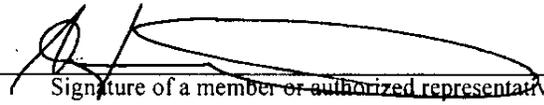
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OMID LARI	110 WASHINGTON AVE	<input type="checkbox"/> Add
		#2409	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH, FL 33139	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input 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

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 13 OCT 11 AM 11:15  
 FILED

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member

Abe Ayesh

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
13 OCT 11 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA