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12/30/12

L12000154645

Division of Corporations H12000305097 3

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H12000305097 3)))



H120003050973ABC

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

From: Account Name : GFB TAX SERVICE LLC  
Account Number : I20120000047  
Phone : (754) 246-6160  
Fax Number : (954) 510-2072

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

RECEIVED  
12 DEC 31 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RESTATE MIAMI LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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12 DEC 31 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JAN - 2 2013

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## - Fax Transmission

**To:** Division of Corporation

**From:** Gaston Belen

**Fax:** +1 (850) 6176383

**Date:** 12/31/2012

**RE:** AMEND RESTATE MIAMI LLC

**Pages:** 5

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**Comments:**

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**COVER LETTER**

**H12000305097 3**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RESTATE MIAMI 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:

**GASTON BELEN**

Name of Person

**GFB TAX SERVICE LLC**

Firm/Company

**5210 SW 201st TERRACE**

Address

**SOUTHWEST RANCHES, FL 33332**

City/State and Zip Code

**GASTONBELEN@GFBTAXSERVICE.COM**

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

For further information concerning this matter, please call:

**GASTON BELEN**

Name of Person

at ( **754** )

**246-6160**

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

**H12000305097 3**

FILED  
12 DEC 31 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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RESTATE MIAMI 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 12/11/2012 and assigned Florida document number L12000154645.

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

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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>
MGRM	RESTATE FLORIDA INVESTMENTS LLC	5210 SW 201 TERR SOUTHWEST RANCHES FL 33332 US	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	R. E. GLOBAL COMPANY	ONE MONTAGUE PLACE 1ST E BAY PO BOX N-4906 NASSAU, BAHAMAS FC.00000.00	<input type="checkbox"/> Add <input checked="" 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

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

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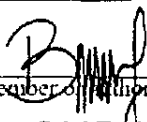


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Dated DEC 30, 2012

  
 Signature of a member or authorized representative of a member  
**GASTON BELEN**  
 Typed or printed name of signee

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