

L13000018899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

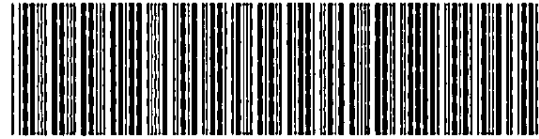
(Document Number)

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FILED
2019 FEB -8 PM 5:19
STATE COURT
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2019

AURELIAN GAVA
401 N.E. 14TH AVE, #201
HALLANDALE BEACH, FL 33009

SUBJECT: GAVA 705, LLC
Ref. Number: L13000018899

We have received your document for GAVA 705, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Page 2 is missing from your document. The entire document must be submitted in order to complete your filing. Enclosed is a blank amendment form 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.

Michelle Milligan
Senior Section Administrator

Letter Number: 519A00001870

2019 FEB -9 PM 10:35

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Gava 705, 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 2/6/13 and assigned Florida document number L13000018899

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

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:

Aurelian Gava

New Registered Office Address:

401 NE 14th Avenue #201

Enter Florida street address

Hallandale Beach

City

Florida 33009

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

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|------------------------------------|--|
| MGR | Victoria M Gava | 401 N.E. 14 th Ave #201 | <input type="checkbox"/> Add |
| | | Hallandale Beach, FL 33009 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Ausele R Gava | 401 N.E. 14 th Ave #201 | <input type="checkbox"/> Add |
| | | Hallandale Beach, FL 33009 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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