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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: G.S.Y.FLORIDA LLC	
Name of Limited Liability Compar	ıy
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
YAACOV GIORNO	
Name of Person	
G.S.Y.FLORIDA LLC	
Firm/Company	
6000 INDIAN CREEK	DR UNIT 1801
Address	
MIAMI BEACH, FL 33	8140 PAR II
City/State and Zip Co	***
E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter, please call:	nual report notification)
YAACOV GIORNO at (305)	747-5141
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our r	records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000031140</u> .			igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the do	esignation "LLC" or the a	bbreviation
Enter new principal offices address, if applicable:	17201 COLLINS AV	E APT 2907	
(Principal office address MUST BE A STREET ADDRESS)	SUNNY ISLES, FL 3	3160-3483	
		20 3	
	-	E	rischight s
Enter new mailing address, if applicable:	7201 COLLINS AVE	APT 2907	******
(Mailing address MAY BE A POST OFFICE BOX)	SUNNY ISLES, FL 3	3160-3483	****
,		1	
		- 頂部 の - 	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her			f the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a street address	
<u></u>	,	Florida	<u>.</u>
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

CEVELODIDALLO

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 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>	Address	Type of Action	
			Add	
			Remove	
		•		
			Add	
			Remove	
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D. If amending any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)
•	
MAN/OTH	
Dated MAY 8TH	_, <u>2013</u> .
Signature e	of a member or authorized representative of a member
YAACOV GIORNO	
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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