

Jun 19, 2013 3:44PM
Division of Corporations

Ritter, Zaretsky & Lieber, LLP

No. 9560 P. 1/5
Page For

L13000036096

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000139781 3)))



H130001397813ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : RITTER, ZARETSKY, LIEBER & JAIME
Account Number : I20010000015
Phone : (305) 372-0933
Fax Number : (305) 704-8111

Amend

FILED
2013 JUN 19 AM 8:10
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
Email Address: Oliver@r2llaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GAD NAPLES DEVELOPMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED
13 JUN 19 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
JUN 20 2013

Jun. 19. 2013 3:45PM

Ritter, Zaretsky & Lieber, LLP.

No. 9560 P. 2/5

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **GAD DEVELOPMENT, 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:

OREN LIEBER, ESQ.

Name of Person

RITTER ZARETSKY LIEBER & JAIME, LLP

Firm/Company

2915 BISCAYNE BLVD., SUITE 300

Address

MIAMI, FLORIDA 33137

City/State and Zip Code

OLIBER@RZLLAW.COM

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

For further information concerning this matter, please call:

OREN LIEBER, ESQ.

Name of Person

305 372-0933

at ()

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2013 JUN 19 AM 8:10

FILED

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

GAD DEVELOPMENT, 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 3/8/2013 and assigned
Florida document number L13000036096

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 "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)

FILED
2013 JUN 19 AM 8:10
CLERK OF STATE
TALLAHASSEE FLORIDA

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

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:

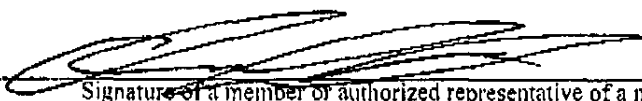
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>GUY SHARON</u>	<u>20900 NE 30 AVENUE SUITE 514</u>	<input type="checkbox"/> Add
		<u>AVENTURA, FL 33170</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>GUY SHARON</u>	<u>209NE 30 AVENUE SUITE 514</u>	<input checked="" type="checkbox"/> Add
		<u>AVENTURA, FL 33180</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>VIT VAREKA</u>	<u>20900 NE 30 AVENUE SUITE 514</u>	<input type="checkbox"/> Add
		<u>AVENTURA, FL 33180</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>VIT VAREKA ON BEHALF OF AMISTA investicni spolecnost, a.s.</u>	<u>International Business Center</u>	<input checked="" type="checkbox"/> Add
		<u>Pobrezni 620/3, 186 00 Praha 8</u>	<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.)

Dated June 19, 2013



Signature of a member or authorized representative of a member

Oren Lieber, Esq., Authorized Representative

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 JUN 19 AM 8:10
CLERK OF STATE
TALLAHASSEE FLORIDA