

L17 0000 6F655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

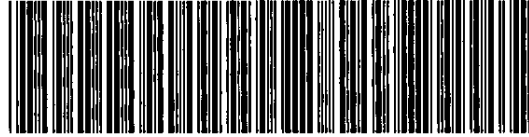
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. G. STIVERS MAR 05 2015

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **GIRAFFAS TURTLE CROSSING 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:

QUINN SMITH

Name of Person

GOMM & SMITH

Firm/Company

175 S.W. 7TH STREET, SUITE 2110

Address

MIAMI, FLORIDA 33130

City/State and Zip Code

QUINN.SMITH@GOMMSMITH.COM

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

For further information concerning this matter, please call:

CLOVIS TREVINO

305 8567723

at ()

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

GIRAFFAS TURTLE CROSSING LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	G7 RESTAURANTS, LLC	1444 BISCAYNE BLVD. SUITE 216	☐ Add
		MIAMI, FLORIDA 33132	☒ Remove
MGRM	GIRAINVEST USA, LLC	1444 BISCAYNE BLVD. SUITE 216	☒ Add
		MIAMI, FLORIDA 33132	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

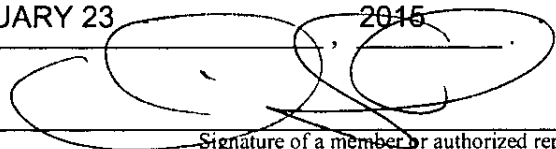
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEBRUARY 23, 2015



Signature of a member or authorized representative of a member

RODNEY QUINN SMITH

Typed or printed name of signee

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Filing Fee: \$25.00

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