

11300072958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

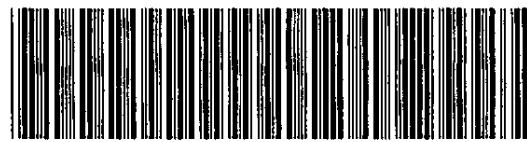
07/18/13--01021--017 \*\*25.00

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600249816436

2013 JUL 18 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

JUL 19 2013  
T CLINE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GUNN HIGHWAY VENTURES 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:

Christopher Jallo

Name of Person

Firm/Company

200 S.W. 1st Avenue, Suite 1200

Address

Fort Lauderdale, Florida 33301

City/State and Zip Code

jallo@kolawyers.com

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

2013 JUL 18 PM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Christopher Jallo

Name of Person

954 862-8570

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

FILED

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

**GUNN HIGHWAY VENTURES 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 May 17, 2013 and assigned Florida document number L13000072958.

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)

2013 JUL 18 AM 11:24  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**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>
MGR	Ronnie L. Yazgi	P.O. Box 31 Oldsmar, Florida 34677	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

\_\_\_\_\_  Add  
\_\_\_\_\_  Remove

<input type="checkbox"/> Add	2011 JUL 18 AM 11:24	<input type="checkbox"/> Remove
SECRETARY OF STATE TALLAHASSEE, FLORIDA		<b>FILED</b>

\_\_\_\_\_  Add  
\_\_\_\_\_  Remove

\_\_\_\_\_  Add  
\_\_\_\_\_  Remove

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

---

---

---

---

---

Dated July 16, 2013

Chamoun Jallo  
Signature of a member or authorized representative of a member

Chamoun Jallo  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

2013 JUL 18 PM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA