L13000113850

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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

OCT 1 1 2013

T. BROWN

COVER LETTER

TO: Registration	tion Section of Corporations	••• · · · · · · · · · · · · · · · · · ·	
SUBJECT:	GAF & DC INVI	ESTMENT GROUP,LLC	
SUBJECT:		mited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are su	ubmitted for filing.	
Please return all co	orrespondence concerning this matte	er to the following:	
		CARLOS F . GARCIA Name of Person	
		Name of reison	
	GAF & D	OC INVESTMENT GROUP,LLC	
		Firm/Company	
	3245 N	N.E, 184TH ST, APT # 13308	
	<u> </u>	Address	
	Δ\/F	ENTURA, FLORIDA 33160	
		City/State and Zip Code	
		beavala@gmail.com	
		(to be used for future annual report notification)	
For further inform	nation concerning this matter, please	e call:	
	Beatriz Valarino	at (786) 406-3200	
•	Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a che	ck for the following amount:		
✓ \$25.00 Filing	Fee \$\bigsquare{1}\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

ARTICLES OF ORGANIZATION OF SEC_{RE} $ALLAGEAR$	ELED SPH 1:10
GAF & DC INVESTMENT GROUP,LLC "74554	F STATE
the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	TORION

			•
The Articles of Organization for this Limited Lia	bility Company were filed on	08/12/2013	and assigned
Florida document number L130001138			
Tional document manoer	·		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company he	<u>ere</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	pany," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		<u> </u>
(Principal office address MUST BE A STREET	(ADDRESS)		
	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE E	<u></u>		
			
		•	41 C Al
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, enter	the name of the new
Name of New Registered Agent:			
 			
New Registered Office Address:		Enter Florida street add	iress
		Til! .d	
	City	, Florida	Zip Code

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

(Name of the L

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>	Name	Address	Type of Action
<u>MGR</u>	GARCAA Milano,Carlo	os F 3245 N.E. 184th ST, # 13-308 Aventura, Florida 33160	Add Remove
MGR	GARCAA, Diego G	3245 N.E. 184th ST, # 13-308 Aventura, Florida 33160	Add Z Remove
MGR	GARCAA Azuero, Car	rlos F 3245 N.E. 184th ST, # 13-308 Aventura, Florida 33160	Add Remove
MGR_	GARCAA, Andrea C	3245 N.E. 184th ST, # 13-308 Aventura, Florida 33160.	AddRemove
MGR_	GARCAA, Eduardo A	3245 N.E. 184th ST, # 13-308 Aventura, Florida 33160.	Add ☑ Remove
MGR	GARCAA, Alejandra E	3245 N.E. 184th ST, # 13-308 Aventura, Florida 33160.	Add
D. If amen	ding any other information, en	nter change(s) here: (Attach additional sheets, if necessar	ry.)
- -			
	October 4	2013	
Dated	× Par h Pauley	of a member or authorized representative of a member	
		Carlos F . Garcia Milano	
		Typed or printed name of signee	

Filing Fee: \$25.00

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
MGR	García Milano, Carl	os F.	3245 N.E. 184th ST, # 13-308 Aventura, Florida 33160	_ Add _ Remove
MGR	García, Diego G.		3245 N.E, 184th ST, # 13-308 Aventura, Florida 33160	✓ Add ☐ Remove
MGR	García Azuero, Car	los F.	3245 N.E. 184th ST, # 13-308 Aventura, Florida 33160.	_ ☑ Add _□ Remove
MGR	García, Andrea C.		3245 N.E, 184th ST, # 13-308 Aventura, Florida 33160	_ ✓ Add _ Remove
MGR	García, Eduardo A		3245 N.E. 184th ST, # 13-308 Aventura, Florida 33160.	_☑Add _□Remove
MGR_	García, Alejandra E	<u>. </u>	3245 N.E. 184th ST. # 13-308 Aventura, Florida 33160	/Add Remove
D. If an	mending any other information	n, enter change(s	s) here: (Attach additional sheets, if necessary.)	
	There is a printing error i	n the last nam	ne of the Managers. The last name is	_
	García, instead of GARC	AA. Because	of this printing error, we can not open a	_
	Bank Account yet , this is	the reason w	hy is necessary to replace the last name	!
	of the managers as soon	as possible.		_
Dated _	October 4		 -	
	/Signat		r authorized representative of a member	
		Typed or	F. Garcia Milano	

Filing Fee: \$25.00