# 13000122104

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EXHAMINA TO SULTREA

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### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:

### Gibraltar Development Partners, 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:

# Richard Alayon

Name of Person

# Gibraltar Development Partners, LLC

Firm/Company

135 San Lorenzo Avenue, Suite 800

Address

Coral Gables, FL 33146

City/State and Zip Code

ralayon@alayonlaw.com

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

For further information concerning this matter, please call:

Richard Alayon

<u>,,</u>,305,221-2110

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)

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**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

Gibraitar Development Partners, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	ted Liability Company)	r records.)
The Articles of Organization for this Limited Liability Comp.  Florida document number L13000122104	pany were filed on August 2	8, 2013 and assigned
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 "L.L.C."	Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		~
(Principal office address MUST BE A STREET ADDRES.	<u></u>	6.13
		<u> </u>
		N
Enter new mailing address, if applicable:		;; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
(Mailing address MAY BE A POST OFFICE BOX)		
		22.22
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	rida street address
<del></del>		_, 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 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:

M/3R = Manager

MGRM = Managing Member <u>Title</u> **Address** <u>Name</u> 135 San Lorenzo Avenue, Suité 820 Richard Alayon Trust **MGRM** Coral Gables, FL 33146 MGRM Eugenia Anderson Trust 135 San Lorenzo Avenue, Suite 800 Coral Gables, FL 33146 Richard Alayon MGR 135 San Lorenzo Avenue, Suite 820 Coral Gables, FL 33146 **Eugenia Anderson** MGR 135 San Lorenzo Avenue, Suite 800 Coral Gables, FL 33146 Eugenia Anderson **MGRM** 135 San Lorenzo Avenue, Suite 820 Coral Gables, FL 33146 Remove Richard Alayon MGRM 135 San Lorenzo Avenue, Suite 820 Coral Gables, FL 33146 Remove

If amending any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)
-	
November 7	2013
Con O	
	a member or authorized representative of a member
Eugenia Anderson	
	Typed or printed name of signee

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Filing Fee: \$25.00