

L17 000122104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 02 2015

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:

Eugenia Anderson

Name of Person

Gibraltar Development Partners, LLC

Firm/Company

135 San Lorenzo Avenue, Suite 800

Address

Coral Gables, Florida 33146

City/State and Zip Code

ga@gibaltardp.com

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

For further information concerning this matter, please call:

Eugenia Anderson

at 786 253-9985

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

(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 August 28, 2013 and assigned Florida document number L13000122104.

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)

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 605, 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 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>
MGRM	Richard Alayon Trust	135 San Lorenzo Avenue, Suite 820	<input type="checkbox"/> Add
		Coral Gables, Florida 33146	<input checked="" type="checkbox"/> Remove
MGRM	Eugenia Anderson Trust	135 San Lorenzo Avenue, Suite 800	<input type="checkbox"/> Add
		Coral Gables, Florida 33146	<input checked="" type="checkbox"/> Remove
MGR	Richard Alayon	135 San Lorenzo Avenue, Suite 820	<input type="checkbox"/> Add
		Coral Gables, Florida 33146	<input checked="" type="checkbox"/> Remove
MGR	Eugenia Anderson	135 San Lorenzo Avenue, Suite 800	<input type="checkbox"/> Add
		Coral gables, Florida 33146	<input checked="" type="checkbox"/> Remove
MGRM	Eugenia Anderson	135 San Lorenzo Avenue, Suite 800	<input type="checkbox"/> Add
		Coral Gables, Florida 33146	<input type="checkbox"/> Remove
MGRM	Ricahrd Alayon	135 San Lorenzo Avenue, Suite 800	<input checked="" type="checkbox"/> Add
		Coral Gables, Florida 33146	<input type="checkbox"/> Remove

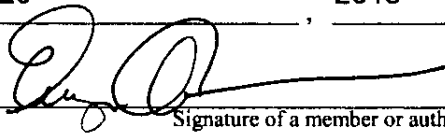
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 January 20, 2015



Signature of a member or authorized representative of a member

Eugene ANDERSON

Typed or printed name of signee

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Filing Fee: \$25.00

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