

# L13000145211

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900297127019

04/28/17--01017--014 \*\*25.00

FILED  
17 APR 28 AM 11:02  
O SIMMONS  
MAY 02 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GDF Properties 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:

Jim Taubenfeld

\_\_\_\_\_  
Name of Person

GDF Properties LLC

\_\_\_\_\_  
Firm/Company

PO Box 472

\_\_\_\_\_  
Address

Miami, FL 33101

\_\_\_\_\_  
City/State and Zip Code

jtaubenfeld@admincomp.com

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

For further information concerning this matter, please call:

Jim Taubenfeld

787 626-9052  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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

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

GDF Properties 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 October 15, 2013 and assigned  
Florida document number L13000145211.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

17888 67th Court North

Loxahatchee, FL 33470

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

PO Box 472

Miami, FL 33101

**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:

Incorp Services Inc.

New Registered Office Address:

17888 67th Court North

*Enter Florida street address*

Loxahatchee

, Florida 33470

*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.*

Doug Pratt

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	Mark Shub		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		PO Box 472 Miami FL 33470	<input checked="" type="checkbox"/> Change
MGR	Robert Shub		<input type="checkbox"/> Add
		2127 Brickell Ave Suite 3701 Miar	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Brandon Kochen		<input type="checkbox"/> Add
		2127 Brickell Ave Suite 3701 Miar	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17  
APR 28 AM 11:02

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

17 APR 1964

17 PR 19

Figure 1: A schematic diagram of a 1D lattice chain. It shows a horizontal line with several vertical bars representing lattice sites. The sites are labeled with 'a' and 'b' in superscript, indicating different types of sites. Arrows indicate the direction of the chain. The diagram is labeled 'Figure 1' and '1D Lattice Chain'.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 26, 2017

Signature of member submitted

Signature of a member or authorized representative of a member

Jim Taubenfeld

Typed or printed name of signee