

MAR. 24. 2014 11:13AM  
Division of Corporations

COHEN & GRIGSBY

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**L14 0000 08484**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : COHEN & GRIGSBY, P.C.  
Account Number : I20030000042  
Phone : (239) 390-1912  
Fax Number : (239) 390-1901

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: mmarsh@cohenlaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GAVO, LLC**

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Corporate Filing Menu

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MAR. 24. 2014 11:13AM

COHEN & GRIGSBY

NO. 936 P. 2  
(((E14000070394 3

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

GAVO, 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 January 15, 2014 and assigned  
Florida document number L14000008484.

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 abt  
"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  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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  
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with  
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum  
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:

(((H140000703

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Ac</u>
MGR	Gerda Garcia	Mercato - Suite 6200	<input type="checkbox"/> Ad
		9110 Strada Place	<input checked="" type="checkbox"/> Rer
		Naples, FL 34108	
MGR	Franck Dossa	The Plaza Brickell	<input checked="" type="checkbox"/> Ad
		950 Brickell Bay Drive - Penthouse 5505	<input type="checkbox"/> Rer
		Miami, FL 33131	
			<input type="checkbox"/> Ad
			<input type="checkbox"/> Rer
			<input type="checkbox"/> Ad
			<input type="checkbox"/> Rer
			<input type="checkbox"/> Ad
			<input type="checkbox"/> Re
			<input type="checkbox"/> Ac
			<input type="checkbox"/> Re

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

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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 more than 90 days after filing.) (605.0207 (3)(b))

Dated March 21, 2014

Signature of a member or authorized representative of a member

Gerda Garcia, Manager and Auth Representative

Typed or printed name of signer

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Filing Fee: \$25.00

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MAR 24 2014  
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