# 4400000 of 22

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
	,	
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100271091551

03/27/15--01018--012 \*\*25.00

15 MAR 27 AM 8: 55

ARR 16 2015

## **COVER LETTER**

TO: Registration Sec Division of Corp		•	
BRAIDS E	BY TEECEE LLC		
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	TAKIYA SANDERS-	JOHNSON	,
		Name of Person	
		Firm/Company	
	7871 NW 3RD STR	EET APT 204	
		Address	<del></del>
	PEMBROKE PINES	s, FL 33024	
		City/State and Zip Code	
	KIYSANDERSRE@0	SMAIL.COM to be used for future annual report notifica	tion)
For further information cor	ncerning this matter, please ca	•	non <i>)</i>
TAKIYA SANDERS		954 999-3699	
Name of I		at ()	elephone 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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

20 MOD BY TEEDER

DV4100 D1		to the			
(Name of the Limite	d Liability Compa: A Florida Limited L	ny as it now appears on liability Company)	our records.)	•	
The Articles of Organization for this Limited Liz Florida document number <u>L14000008622</u>	ability Company	were filed on 01/16	/2014	and assi	igned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
G.I. PROPERTIES LLC					
The new name must be distinguishable and end with the w	ords "Limited Liab	ility Company," the desig	mation "LLC" or th	e abbreviation "L	.L.C."
Enter new principal offices address, if applica	ble:	7871 NW 3RD	STREET AF	PT 204	
(Principal office address MUST BE A STREET ADDRESS)		PEMBROKE PINES, FL 33024			
		<u> </u>			
Enter new mailing address, if applicable:		7871 NW 3RD	STREET AF	PT 204	
(Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	PEMBROKE P	NES, FL		
B. If amending the registered agent and/or registered agent and/or the new registered off			r records, ente	er the name	GI The Gran
Name of New Registered Agent:	TAKIYA SA	NDERS-JOHNS	DN		70 A
New Registered Office Address:	7871 NW 3I	RD STREET AP	Γ 204	77,60 17,60	23 137
		Enter Florida s	treet address		D) ******5
	PEMBROKI	E PINES, FL	, Florida	33024	л 
		City		Zip Code	<b>' i</b>

### 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

Page 1 of 3

II 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>	Address	Type of Action
AMBR	JORGE FRUTO	7871 NW 3RD STREET APT 204	■ Add
		PEMBROKE PINES, FL 33024	Remove
<u></u>			
		<del></del>	Remove
<del></del>			Add
			□ Remove
<del>*************************************</del>			□ Add
			Remove
<del></del>	The state of the s		TO Add To
			Remove CS
	<del> </del>		□ Add
			🗆 Remove

ט. II ame ,	ending any other informati	ion, enter cnange(s) nere: (Auacn aaa	ilional sneets, ij necessary.)
· _	<u> </u>	\$50 to 180 to	
_	<u> </u>		
-			
	<del></del>		
_			
(The effe	ive date, if other than the coctive date must be specific, canno e this document is filed by the Flor	late of filing: t be prior to date of receipt or filed date and cann rida Department of State)	ot be more than 90 days after
Dated	MARCH 22	2015	
Daleu			
		ignature of a hember of authorized representat	ive of a member
	TAKIYA SANDERS	G-JOHNSON	
		Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

15 HAR 27 AH 8: 55