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Division of Corporations

Fax Number

: (850) 617-6383

From:

Account Name : ACCOUNTANT & MANAGEMENT INC

Account Number : 120110C00070 Phone : (305)541-3980

Prone : (305)541-3980 Pax Number : (305)541-7033

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

Enail Address:

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## H14000231745 3 **COVER LETTER**

TO: Registration Section **Division of Corporations** 

G I P INVESTORS 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:

MOSES NAE

Name of Person

ACCOUNTANT & MANAGEMENT INC

Firm/Company

1549 NE 123RD ST

NORTH MIAMI, FL 33161

City/State and Zip Code

INFO@TAXLEAF.COM

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

For further information concerning this matter, please call:

MOSES NAE

Name of Person

Enclosed is a check for the following amount:

S25.00 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)

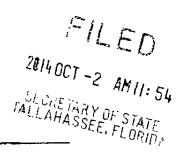
**MAILING ADDRESS:** 

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



GIP INVESTORS 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 02/17/2014 and assigned
Florida document number L14000026580	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Lial	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6304 POWERLINE RD
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE, FL 33309
Enter new mailing address, if applicable:	6304 POWERLINE RD
(Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDERDALE, FL 33309
registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
Name Banks and America Structure (Schooling Worldson) America	

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

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 Title <u>Name</u> Address Type of Action CALLE 106 # 54-73 OF 703 PARADA, PILAR MGR BOGOTA, DC COLOMBIA CO 6304 POWERLINE RD AMBR FONSECA ROJAS, DIEGO A FORT LAUDERDALE, FL 33309 □ Add □ Add ☐ Remove □ Add

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