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# **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	GIBEA, LL	.C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
İ	SHELDON	DAGEN	
		Name of Person	
	SHELDON	D. DAGEN, P.A.	
		Firm/Company	
	2750 N. 29T	TH AVE., STE. 11	17
	<del></del>	Address	
	HOLLYWOO	DD, FL 33020	
		City/State and Zip Code	
	F-mail address: (	to be used for future annual report notific	eation)
For further information of	concerning this matter, please c	·	,
SHELDON		" <sub>/</sub> 954 \ 965-53	375
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

GIBEA, LLC		
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records. ny)	
The Articles of Organization for this Limited Liability Company were filed on Florida document number L14000042318	3/13/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	v 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 registered agent and/or the new registered office address here:	on our records, enter	the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		3 3
Enter	Florida street address , Florida	
City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Ş	\$** G

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 **Type of Action Address Title** Name **SEC** 478 E. ALTAMONTE DR. CHRISTIAN CALUSA **SUITE 108-430** ☐ Remove **ALTAMONTE SPRINGS, FL 32701** .□ Add ☐ Remove

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Filing Fee: \$25.00