# L140000042431

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B. BOSTICK

NOV - 6 2014

EXAMINER

# **COVER LETTER**

TO: Registration Sect Division of Corpo	
MARKYS SUBJECT:	GSA, LLC
	Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	MARK GELMAN
	Name of Person
	MARKYS GSA, LLC
	Firm/Company
	1000 NW 159TH DRIVE
	Address
	MIAMI GARDENS, FL 33169
	City/State and Zip Code  MGELMAN@MARKYS.COM  E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further information con	ncerning this matter, please call:
MARK GELMAN	at ()
Name of	Person Area Code Daytime Telephone Number
Enclosed is a check for the	following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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

MARKYS GSA, 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 MARCH 13, 2014 and assigned Florida document number L14000042431 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 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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 <u>Title</u> Name **Address Type of Action AMBR** Yakov Beletsky 1000 NW 159 Drive Add Miami Gardens, FL 33169 ☐ Remove ☐ Add ☐ Remove \_□ Add ☐ Remove ι □ Ædd U □ **Re**move ☐ Add ☐ Remove \_ Add ☐ Remove

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Page 3 of 3

Filing Fee: \$25.00

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