

L14 000091011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

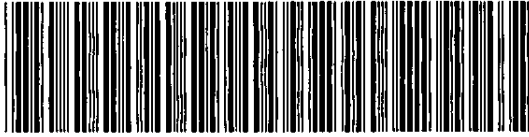
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

JUN 20 2014  
T CLINE

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**        RICKY SOTO

**DATE:**            06/18/2014

**REF. #:**           9183159

**CORP. NAME:**   GF ENTERPRISES REGALIA LLC

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK           | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP              | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                           | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

**STATE FEES PREPAID WITH CHECK# 70022134 FOR \$ 25.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

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TALLAHASSEE, FL 32301

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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14 JUN 19 PM 3:47

June 19, 2014

CORPDIRECT AGENTS, INC.  
RICKY SOTO  
TALLAHASSEE, FL

SUBJECT: GF ENTERPRISES REGALIA LLC  
Ref. Number: L14000091011

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE  
6/18/14

We have received your document for GF ENTERPRISES REGALIA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 814A00013291

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TALLAHASSEE, FLORIDA

7/1/14

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE  
6/18/14

RECEIVED  
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GF ENTERPRISES REGALIA 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:

**Carlos M. Machado, Esq.**

Name of Person

**SMGQ LAW**

Firm/Company

**201 Alhambra Circle, Suite 1205**

Address

**Coral Gables, Florida 33134**

City/State and Zip Code

**cmachado@smgqlaw.com**

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

For further information concerning this matter, please call:

**Carlos M. Machado**

Name of Person

at **(305) 377-1000**

Area Code

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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  
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**

GF ENTERPRISES REGALIA 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 June 6, 2014 and assigned Florida document number L14000091011.

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)*

19575 COLLINS AVENUE  
UNIT 25  
SUNNY ISLES, FL US 33160

Enter new mailing address, if applicable:  
*(Mailing address MAY BE A POST OFFICE BOX)*

19575 COLLINS AVENUE  
UNIT 25  
SUNNY ISLES, FL US 33160

**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: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FERNANDO SILVEIRA	31 SE 6 STREET	<input type="checkbox"/> Add
		SUITE 1401	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131 US	
MBR	GHASSAN H. FAKHRULDDIN	31 SE 6 STREET	<input type="checkbox"/> Add
		SUITE 1401	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131 US	
MGR	GHASSAN H. FAKHRULDDIN	19575 COLLINS AVENUE	<input checked="" type="checkbox"/> Add
		UNIT 25	<input type="checkbox"/> Remove
		SUNNY ISLES, FL 33160 US	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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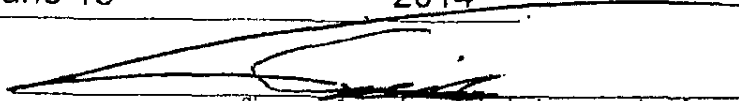
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 18 2014



Signature of a member or authorized representative of a member

Ghassan H. Fakhruddin

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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