

L14 000091011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

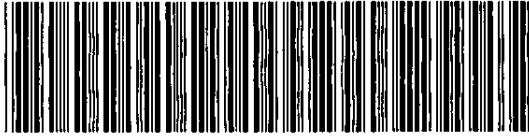
(Business Entity Name)

(Document Number)

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FALLS CHURCH, VIRGINIA

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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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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/1/14

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

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14 JUN 19 PM 3:51

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2014 JUN 18 AM 9:52

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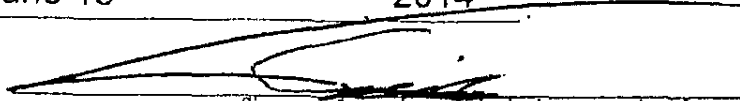
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

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TALLAHASSEE, FLORIDA

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