

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6363

From:

Account Name : GUZMAN & GUZMAN, P.A.  
Account Number : 120080000090  
Phone : (305) 670-1991  
Fax Number : (305) 670-1993

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FGP SURFSIDE LLC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FGP SURFSIDE 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 FLORIDA and assigned  
Florida document number L14000100706

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9130 S DADELAND BLVD, STE 1509

MIAMI, FLORIDA, 33156

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9130 S DADELAND BLVD, STE 1509

MIAMI, FLORIDA, 33156

**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:

GUZMAN & GUZMAN, P.A.

New Registered Office Address:

9130 S DADELAND BLVD, STE 1509

Enter Florida street address

MIAMI

City

Florida 33156

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

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TALLAHASSEE, FLORIDA

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When adding 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 | Name                      | Address                          | Type of Action                  |
|-------|---------------------------|----------------------------------|---------------------------------|
| MGRM  | RAVESZANI, MONICA MARCELA | 1441 BRICKELL AVENUE, 17TH FLOOR | <input type="checkbox"/> Add    |
|       |                           | MIAMI, FL 33131                  | <input type="checkbox"/> Remove |
| MGR   | G & G MANAGEMENT US LLC   | 9130 S DADELAND BLVD,STE 1509    | <input type="checkbox"/> Add    |
|       |                           | MIAMI, FL, 33156                 | <input type="checkbox"/> Remove |
|       |                           |                                  | <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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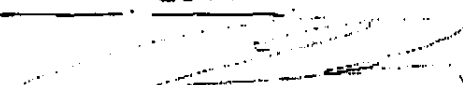
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 AUGUST 14 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

RAVESZANI, MONICA MARCELA

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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