

4400002455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

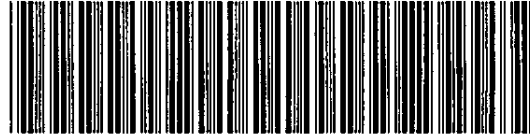
(Business Entity Name)

(Document Number)

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S. YOUNG

AUG 04 2015  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **GGB REAL ESTATE 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:

**Altagracia Salas**

Name of Person

**South Florida CPA Financial Inc**

Firm/Company

**12555 Orange Drive Suite 123**

Address

**Davie, FL 33330**

City/State and Zip Code

**Asalas@sfcfinancial.com**

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

For further information concerning this matter, please call:

**Altagracia Salas**

Name of Person

at **954 862-1733**

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

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TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

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

GGB REAL ESTATE 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 06/26/2014 and assigned  
Florida document number L14000102455.

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)**

4257 PINE RIDGE COURT

WESTON, FL 33331

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

960 PAULSBORO DRIVE

ROCKVILLE, MD 20850

**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:

SOUTH FLORIDA CPA FINANCIAL, INC

New Registered Office Address:

12555 ORANGE DRIVE SUITE 123

Enter Florida street address

DAVIE

City

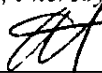
, Florida

33330

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	CLAUDIO BARNABEI GROSSI	CALLE CUBA CON PUERTO RICO	<input checked="" type="checkbox"/> Add
		CONJUNTO RES. CORSICA PLACE CASA 5, URB VILLA GRANADA	<input type="checkbox"/> Remove
		PUERTO ORDAZ EDO BOLIVAR, VENEZUELA	
AMBR	GERMANA MATILDE GROSSI	4257 PINE RIDGE COURT	<input checked="" type="checkbox"/> Add
		WESTON, FL 33331	<input type="checkbox"/> Remove
MGR	LUCIANA BARNABEI	3617 SAN SIMEON CIRCLE	<input checked="" type="checkbox"/> Add
		WESTON, FL 33331	<input checked="" 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

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

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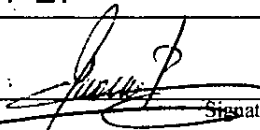
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 JULY 27, 2015

X 

Signature of a member or authorized representative of a member

GERMANA MATILDE GROSSI

Typed or printed name of signee

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Filing Fee: \$25.00

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FLORIDA DEPT. OF STATE