

215000006572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

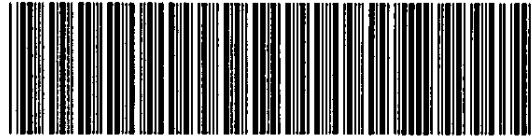
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. Shivers JAN 29 2015

GUTIERREZ & ASSOCIATES

A Florida Professional Limited Liability Company
Attorneys and Counselors at Law
1200 Brickell Avenue, Suite 350
Miami, Florida 33131

Telephone (305) 577-4500
Fax: (305) 577-8690
E mail: info@martlaw.com
Webpage: www.martlaw.com

January 15, 2015

Renaldy J. Gutierrez, Esq.
Email: RJR@MARTLAW.COM

VIA Federal Express

Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Re.: GT SUNNY ISLES, LLC
Matter No.: B82-7195**

Dear Sir/Madam:

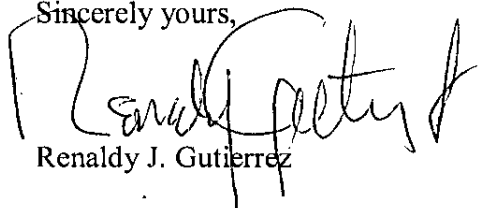
Enclosed please find for filing original Amendment to Articles of Organization of the above-named company. A copy is also attached for certification.

Also enclosed please find check number 21011, payable to the Florida Department of State, in the amount of \$55.00.

Please return a certified copy of the enclosed Amended Articles of Organization to the undersigned. A return FedEx airway bill is enclosed, for your convenience when returning the certified documents.

Thank you in advance for your assistance.

Sincerely yours,



Renaldy J. Gutierrez

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GT SUNNY ISLES, 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:

Renaldy J. Gutierrez
Name of Person
Gutierrez & Associates
Firm/Company
1200 Brickell Avenue, Suite 350
Address
Miami, Florida 33131
City/State and Zip Code
rjr@martlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Renaldy J. Gutierrez at **305 577-4500**
Name of Person 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, FLORIDA

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

GT SUNNY ISLES, 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 January 12, 2015 and assigned Florida document number L15000006532.

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)

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TALLAHASSEE, FLORIDA

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: _____

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	Georgi Chinibalayants	Street 35 Line, No. 32	<input type="checkbox"/> Add
		Rostov on Don, XX 344025 RU	<input checked="" type="checkbox"/> Remove
MGR	Grigory Chinibalayants	Street 35 Line, No. 32	<input checked="" type="checkbox"/> Add
		Rostov on Don, XX 344025 RU	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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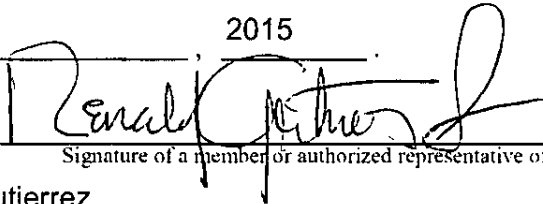
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 January 15 2015



Signature of a member or authorized representative of a member

Renaldy J. Gutierrez

Typed or printed name of signee

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TALLAHASSEE, FLORIDA