L15000030703

(Re	equestor's Name)	
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SECRETARY OF STATE OF STATE OF CORPORATIONS
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GGF Z.O, 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:
STEFAND JERSACE Name of Person
Firm/Company
1455 NW 1077H AVENUE 132
DORAL, FL 33172 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
STEFANO VERSACE at (305) 548-9743 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Status Status Certified Copy (additional copy is enclosed) \$30.00 Filing Fee Certified Copy (additional copy is enclosed) 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



G&F 2.0, L	-LC
(<u>Name of the Limited Liah</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 1500037763	Company were filed on O2-18-15 and assigned and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
he 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 ADI	DRESS)
Inter new mailing address, if applicable:	
• • • • • • • • • • • • • • • • • • • •	
•	
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or reg	gistered office address on our records, <u>enter the name of the</u>
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or reg	gistered office address on our records, <u>enter the name of the</u> <u>idress here</u> :
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or regestered agent and/or the new registered office ad	gistered office address on our records, enter the name of the ddress here: Enter Florida street address
egistered agent and/or the new registered office ad	ldress here:

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member <u>Title</u> Name **Address Type of Action** 786 NW 151 AVE BEHBROKEPING X Add MGR STEFANO VERSACE FL 33028

— Remove ____ Remove □ Remove ___ 🗆 Add __ Remove □ Add ____ □ Remove

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ective date, if other the	nan the date of filing:(optional ific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after by the Florida Department of State)
date this document is filed b	nan the date of filing:(optional ific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after by the Florida Department of State),
date this document is filed by	by the Florida Department of State)
Tective date, if other the effective date must be specified attention of the effective date of the effective date of the effective date of the effective date of the effective date.	by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

Certified Copy

I certify the attached is a true and correct copy of the Articles of Organization of G&F 2.0, LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on February 18, 2015 effective February 11, 2015, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L15000030763.

Authentication Code: 150220082902-300269430163#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twentieth day of February, 2015



Ken Detzner Secretary of State

Certificate of Status

I certify from the records of this office that G&F 2.0, LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on February 18, 2015, effective February 11, 2015.

The document number of this company is L15000030763.

I further certify that said company has paid all fees due this office through December 31, 2015, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 150220082902-300269430163#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twentieth day of February, 2015



Ken Detiner Secretary of State

Electronic Articles of Organization For Florida Limited Liability Company

L15000030763 FILED 8:00 AM February 18, 2015 Sec. Of State jshivers

Article I

The name of the Limited Liability Company is: G&F 2.0, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

C/O 407 LINCOLN ROAD 10C MIAMI BEACH, FL. 33139

The mailing address of the Limited Liability Company is:

C/O 407 LINCOLN ROAD 10C MIAMI BEACH, FL. 33139

Article III

Other provisions, if any:

ANY AND LAWFUL BUSINESS

Article IV

The name and Florida street address of the registered agent is:

STEFANO VERSACE 1455 NW 107TH AVENUE 132 DORAL, FL. 33172

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: STEFANO VERSACE

Article V

The name and address of person(s) authorized to manage LLC:

Title: AMBR BARBARA GALESSO C/O 407 LINCOLN ROAD 10C MIAMI BEACH, FL. 33139 US

Title: AMBR ENZO FERRERI C/O 407 LINCOLN ROAD 10C MIAMI BEACH, FL. 33139 L15000030763 FILED 8:00 AM February 18, 2015 Sec. Of State jshivers

Article VI

The effective date for this Limited Liability Company shall be:

02/11/2015

Signature of member or an authorized representative

Electronic Signature: STEFANO VERSACE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.