## L15000088523

(Req	uestor's Name)	
(Addi	ess)	
(Add	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP		MAIL
(Busi	ness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only

2017 EET 16 AH 8: 24



500304432585

10/17/17--01012--008 \*\*25.00



## **COVER LETTER**

FO: Registration Sec Division of Corp	
CHD ICATT.	GEB FAMILY HOLDINGS, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of a	Amendment and fee(s) are submitted for filing.
Please return all correspo	ndence concerning this matter to the following:
	SEVERINO RODRIGUES
	Name of Person
	FirmeCompany
	2202 MEARS PARKWAY Address
	Address
	MARGATE FL 33063  City/State and Zip Code
	City/State and Zip Code
	SEV @ GREHUC. COM  E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please call:
SEVER IN	ro Roprigues at (954) 647-3846  Area Code Daytime Telephone Number
Enclosed is a check for the	ne following amount:
\$25.00 Filing Fee	□ \$30,00 Filing Fee & □ \$55,00 Filing Fee & □ \$60,00 Filing Fee.  Certificate of Status  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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEB FAM	THY HOLDINGS, LLC
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.)  (bility Company)
The Articles of Organization for this Limited Liability Company w Florida document numberL\Soooo\88523.	were filed on $5 - 19 - 15$ and assigned
This amendment is submitted to amend the following:	17 6 1.32 1.34
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abreviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2202 MEARS PAREWAY MARGATE FL 33063
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	MARGATE, FL 33063  MARGATE, FL 33063
B. If amending the registered agent and/or registered officesistered agent and/or the new registered office address here:	ice address on our records, enter the name of the new
Name of New Registered Agent:	SEVERINO RODRIGUES  2202 MEARS PARKWAY
New Registered Office Address:	
	Enter Florida street address  MARGATE, Florida 33063  Zip Code
	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.

Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	MARCIA BARBOSA	5008 MALLAROS PL.	
		COCONUT CREEK, FL 33073	Remove
			☐ Change
			Change Add Remove Change Add Remove Add Remove Change Add Remove
			□ Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Remove
			□ Change
			□ Add
			□ Remove
			□ Change

		•	•					_
								•
				<del></del>				-
								_
						_		-
								_
								-
								_
							~1	
						<del></del>	<u> </u>	-
						<u> </u>	Chi.	<i>1</i>
						tAS		
					1.4	(V) -	<u> </u>	- ',
						المارية المارية	<u> </u>	- form
						, S   S	4 7	1
				<del></del>			_ <del>;;</del>	ر
						Sm	<b>(3</b> )	
								_
								_
								_
								_
Effective da	ate, if other than the da	ite of filing:			(	optional)		
f an effective Note: If the	date is listed, the date must be date inserted in this block	e specific and c c does not me	annot be prior to et the applicab	date of filing or t le statutory fili	nore than 90 days ng requirements	after filing.) Pur , this date will	suant to 60 not be lis	15,020. sted as
document's	effective date on the Depa	irtment of Sta	ne's records.	•				
ne record	specifies a delayed e	ffective da	te, but not a	an effective	time, at 12:0	01 a.m. on t	he earl	ier o
The 90th	h day after the recor	d is filed.						
Dated	OCTOPER	<u>(0)</u>	2017	. 1				
		0	<b>/</b>	1 1				
_	Ç.		evers	(m	y A a mombar			
	51	gnature of a mi	аност ставиюн:	zeu representativ	of a memoer			
		C	VEDIAL.	DAN	RIGUES			
		ع ب	, - U(-11- U	<u> </u>				

Page 3 of 3

Filing Fee: \$25.00