15000093978

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COVER LETTER

SUBJECT:	1346 GA	RDENIA AVE LLC	
	Name of Lim	nited Liability Company	· · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Elad Antebi		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	1346 GARDENIA AVE L	LC	
•	-	Firm/Company	
	4600 Summerlin Rd, Suite	: C2-300	
		Address	
	Fort Myers, FL 33919		
		City/State and Zip Code	
	Eafl2014@gmail.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
Elad Antebi		239 2096409 at ()	
Name o	f Person	Arca Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

TO:

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

FILE 2017	. ,
2017 FEB 21 PM	U
SCORE ART OF S	3:5 _/

1346 GARDE	NIA AVE LLC	. Si ~	1 PM 3:51
(Name of the Limited Liability Compa (A Florida Limited	· =	our records.	1887-96 SS
The Articles of Organization for this Limited Liability Company Florida document number L15000093978		05/28/2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	oility company here:		
GIMEL L			
The new name must be distinguishable and contain the words "Limited Liab-	lity Company," the design	nation "LEC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	4600 Summerlin Ro	I	
(Principal office address MUST BE A STREET ADDRESS)	(DDRESS) Suite C2-300		
	Fort Myers FL 3391	9	
Enter new mailing address, if applicable:	4600 Summerlin Rd	ĺ	
(Mailing address MAY BE A POST OFFICE BOX)	Suite C2-300		
	Fort Myers FL 3391	9	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	ffice address on ou e: Enter Florida s		the name of the no
	Cuy	Florida	Zıp 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

or removed from our records: FILEU MGR = Manager 2017 FEB 21 PM 3:51 AMBR = Authorized Member <u>Title</u> <u>Name</u> Address Type of Action □ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add _□ Change ☐ Add _____ □ Change _□ Add □ Remove _____ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde

	POITFEB 21 PM 3:51
	FALLAHASSEE, FIORIDA
	FALLAHASSEE, FLORIDA
	OSEF. FI ORID;
fective date, if other than the date of filing:	(ontional)
fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing the date of the date	ng or more than 90 days after filing.) Pursuant to 605.02
ote: If the date inserted in this block does not meet the applicable statutor cument's effective date on the Department of State's records.	y filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effect	tive time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
February 9th 2017	
ied	0
Signature of a member or authorized represe	ntative of a member
Elad Antebi	
Typed or printed name of sig	nce

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

Page 3 of 3

Filing Fee: \$25.00