## 116000 71228

(Re	questor's Name)	
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2018 DEC -3 PM 1:58
SECRETARY OF STATE
TALL AMASSEE, FL

## **COVER LETTER**

ΤΟ:	Registration Sec Division of Corp			
SHE	JECT: Gattberg Inv	restments LLC	<u></u>	
000		Name of Limit	ted Liability Company	<del></del>
The	enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Plea	se return all correspo	ndence concerning this matter t	to the following:	
		Yentl Martinez		
			Name of Person	
		Gattberg Investments LLC		
		425 W. Colonial Drive, Suit	Firm/Company te 101	<del> </del>
		Orlando, FL 32804	Address	
		yentl.martinez@gmail.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notif	fication)
For	further information c	oncerning this matter, please ca	all:	
Yen	tl Martinez		at (407 ) 453-1069	e Telephone Number
	Name o	f Person	Area Code Daytime	e Telephone Number
Enc	losed is a check for th	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 P.O. Box 6327 Tallahassee, FL 32314

T0:

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

FILED

2018 DEC -3 PM 1:58

Gattberg Investments LLC (Name of the Limited Liability Company as it now appears on our recognisting RETARY OF STATE

(A Florida Limited Liability Company)

TALLAHACOFF TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 04/07/2016 \_\_\_ and assigned Florida document number L16000071228 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 contain 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) 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 \_\_\_

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

It 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 Carmen Cecilia Martinez	Address 425 W. Colonial Drive, Suite 101.	Type of Actio
AMBR		Orlando, FL 32804	
			Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
		Remove	
			☐ Change
		Remove	
			Change
			Remove
			□ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
he red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00