

L16000091206

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2016 MAY 23 P 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 25 2016

SHARON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GIKE 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:

MONICA MAYER

Name of Person

AMITIE USA CORP

Firm/Company

1805 PONCE DE LEON BLVD. STE 501

Address

CORAL GABLES, FL 33134

City/State and Zip Code

MMA YER@AMITIEUSA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Mayer

Name of Person

at (954) 398-0330

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

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

GIKE 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 05/10/2016 and assigned

Florida document number L16000091206

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: 17000 NORTH BAY RD. STE 610
(Principal office address MUST BE A STREET ADDRESS) SUNNY ISLES BEACH, FL 33160

Enter new mailing address, if applicable: 17000 NORTH BAY RD. STE 610
(Mailing address MAY BE A POST OFFICE BOX) SUNNY ISLES BEACH, FL 33160

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: 17000 NOTH BAY RD. STE 610.
Enter Florida street address

SUNNY ISLES BEACH, Florida 33160
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

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TAMPA, FLORIDA
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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RUBEN H. LAZO	17000 NORTH BAY RD. STE 610	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 3316C	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 TALLAHASSEE, FLORIDA

