

L17000061339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DEC 4 11:16  
TALLAHASSEE, FLORIDA

FILED

D. SCOTT

DEC 5 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GULFSTREAM REAL ESTATE ADVISORS, 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:

FRANCIS E. FAUSONE

Name of Person

GULFSTREAM REAL ESTATE ADVISORS, LLC

Firm/Company

801 S OLIVE AVE # 122

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

Frank@GulfstreamAdvisors.com

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

For further information concerning this matter, please call:

Name of Person

at (561)

Area Code

210 5770

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
DEC - 14  
11:16  
TALLAHASSEE  
FL 32301

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

GULFSTREAM REAL ESTATE ADVISORS, 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 3/16/2017 and assigned  
Florida document number L17000061339.

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)**

801 S Olive Ave #122

West Palm Beach, FL

33401

**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:

FRANCIS E. FAUSONE

New Registered Office Address:

801 S. OLIVE AVE # 122

*Enter Florida street address*

WEST PALM BEACH

*City*

, Florida 33401

*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

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          | Mark A. Roberto | 120 S OLIVE AVE              | <input type="checkbox"/> Add               |
|              |                 | STE. 202 WEST PALM BEACH, FL | <input checked="" type="checkbox"/> Remove |
|              |                 | 33401                        | <input type="checkbox"/> Change            |
|              |                 |                              | <input type="checkbox"/> Add               |
|              |                 |                              | <input type="checkbox"/> Remove            |
|              |                 |                              | <input type="checkbox"/> Change            |
|              |                 |                              | <input type="checkbox"/> Add               |
|              |                 |                              | <input type="checkbox"/> Remove            |
|              |                 |                              | <input type="checkbox"/> Change            |
|              |                 |                              | <input type="checkbox"/> Add               |
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|              |                 |                              | <input type="checkbox"/> Change            |
|              |                 |                              | <input type="checkbox"/> Add               |
|              |                 |                              | <input type="checkbox"/> Remove            |
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|              |                 |                              | <input type="checkbox"/> Remove            |
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filing Pursuant to 605.020  
onal)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Nov 20<sup>th</sup>, 2017.

Signature of a member or authorized representative of a member

Typed or printed name of signee