

L17000142767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

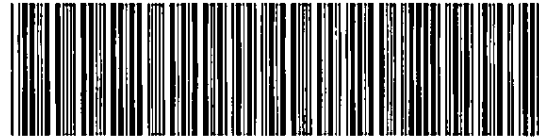
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/02/20--01025--001 **25.00

2020 OCT -2 AM 10:00
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NOV 10 2020
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

GBR PHOENIX PROPERTY LLC

SUBJECT: _____
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:

JENNIFER SILY HESLIN, ESQ.

Name of Person
SILY HESLIN LAW, P.A.

Firm/Company
8726 NW 26 ST, SUITE 26

Address
DORAL, FL 33172

City/State and Zip Code
JEN@SILYHESLIN.COM

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

For further information concerning this matter, please call:

JENNIFER SILY HESLIN, ESQ. 305 910-1904
SH20175 at (_____) _____
Name of Person Area Code 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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATE OF FLORIDA
DIVISION OF CORPORATIONS
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GBR PHOENIX PROPERTY 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 07/03/2017 and assigned Florida document number L17000142767.

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)

8726 NW 26 STREET

SUITE 26

DORAL, FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8726 NW 26 STREET

SUITE 26

DORAL, FL 33172

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:

SILY HESLIN LAW, P.A.

New Registered Office Address:

8726 NW 26 STREET, SUITE 26

Enter Florida street address

DORAL

Florida

33172

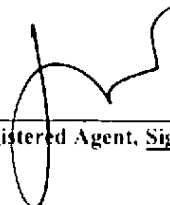
City

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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2020 OCT -2 AM 8:01
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DALLAS
STATE OF TEXAS

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	GABRIEL CHITTI GOMES	8726 NW 26 STREET, SUITE 26 DORAL, FL 33172	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" 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

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CLERK OF DISTRICT COURT
JANICE L. HARRIS
TALLAHASSEE, FL 32301

FILED

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

U.S. DEPARTMENT OF STATE
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20520

2020 OCT -2 AM 10:00
LABY OF STATE
SECRETARY OF

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

SEPT 30 2020

Signature of a member or authorized representative of a member

JENNIFER SILEY HESLIN, AUTHORIZED PERSON

Typed or printed name of signee