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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BMF

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GSF-TRICERA 201 HOLDINGS, 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:

JOSEPH FURST

Name of Person

GOLDMAN PROPERTIES

Firm/Company

2214 NW 1ST PLACE

Address

MIAMI, FLORIDA 33127

City/State and Zip Code

JOSEPHF@GOLDMANPROPERTIES.COM

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

For further information concerning this matter, please call:

ROBERT HOFFMAN

786 414-9599
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Zip Code 07701
 I agree to comply with the terms of this document.
 I am familiar with and understand the terms of this document.
 I agree to the limited liability of the company.

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>
AMBR	JESSICA GOLDMAN-SREBNICK	2214 NW 1ST PLACE	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33127	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SCOTT SREBNICK	2214 NW 1ST PLACE	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33127	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARLO COURTNEY	2214 NW 1ST PLACE	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33127	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSEPH FURST	2214 NW 1ST PLACE	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33127	<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

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

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WASHINGTON, D.C.

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DIRECTOR OF FBI
WASHINGTON, D.C.

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.

Dated November 10th, 2017

Signature of a member or authorized representative of a member

Marlo Courtney

Typed or printed name of signee