# U18 000 079705

(Requ	uestor's Name)	
(Addı	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doca	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
		·





200314170642

200314170642 06/05/18--01030--003 \*\*25.00





June 6, 2018

LOUANN COMO 29 DARTMOUTH RD SHOREHAM, NY 11786-1229

SUBJECT: GIAF PROPERTIES LLC

Ref. Number: L18000079705

We have received your document for GIAF PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 318A00011776

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

### **COVER LETTER**

	ion of Corp			
SUBJECT:	GIAF Proper	ties LLC		
_		Name of Limi	ted Liability Company	
The enclosed z	Articles of A	mendment and fee(s) are subt	nitted for filing.	
Please return a	II correspond	dence concerning this matter	to the following:	
		Louann Como		
		·	Name of Person	
		GIAF Properties LLC		
			Firm/Company	
		29 Dartmouth Rd		
			Address	
		Shoreham, NY 11786-1229	)	
			City/State and Zip Code	
		Louanncomo@elliman.com		
		E-mail address: (t	o be used for future annual report notifi	ication)
For further info	ormation cor	ncerning this matter, please ca	III:	
Louann Come	) 		at () 849-3669 Area Code Daytime	
	Name of I	<sup>2</sup> erson	Area Code Daytime	Telephone Number
Enclosed is a c	check for the	following amount:		
■ \$25.00 Fil	ing 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

## **COVER LETTER**

	egistration Se ivision of Cor				
SUBJECT	GIAF Prop				
Name of Limited Liability Company					
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retu	rn all correspo	ondence concerning this matter	to the following:	•	
		Louann Como			
			Name of Person		
		GIAF Properties LLC			
			Firm/Company		
		29 Dartmouth Rd			
			Address		
		Shoreham, NY 11786-122	9		
			City/State and Zip Code	• • • •	
		Louanncomo@elliman.com		~	
			to be used for future annual report notif	rication)	
For further	information co	oncerning this matter, please ca	att:		
Louann Co	mo		631 849-3669 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	e following amount:		1	
<b>≘ \$</b> 25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
				*	
	Registra	NG ADDRESS:	STREET/COURL Registration Section	n	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tailahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GIAF Properties LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.18000079705	y were filed on March 28, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	29 Dartmouth Rd	
(Principal office address MUST BE A STREET ADDRESS)	Shoreham, NY 11786	
		5.
Enter new mailing address, if applicable:	29 Dartmouth Rd	TAHAN T
(Mailing address MAY BE A POST OFFICE BOX)	Shoreham, NY 11786	δ,00 (m-7) - 60
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>e</u> <u>e</u> :	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	aZip Code
	- · · · ·	ыр сже

### 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>	Address	Type of Action
MGMR	Chet Finkbeiner	3505 Veterans Hwy Ste D	□ Add
		Ronkonkoma, NY 11779	■ Remove
			Change
MGMR	Land & Property Choices LLC	29 Dartmouth Rd	<b>≣</b> Add
		Shoreham, NY 11786	□ Remove
			□ Change
			bbA □
			Remove
			Change
			□ Add
			□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change

D. If amending any other information, enter change(s) here:	,, <i></i>	necessary.	
	-		
		20	
			T
	<del>-</del>	25 - C	
		08112	
<del></del>			
E. Effective date, if other than the date of filing: June 4, 2018	(n	ptional)	
(If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	date of filing or more than 90 days a	fter filing.) Pursuant to 605.020	7 (3)(b s the
If the record specifies a delayed effective date, but not a (b) The 90th day after the record is filed.	an effective time, at 12:0	1 a.m. on the earlier o	f:
Dated June 4 2018			
	·· 		
Signature of a mumber or authority	ted representative of a member	<del></del>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00