

9/8/2021

Division of Corporations

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : OLIVE JUDD, P.A.  
Account Number : I20200000171  
Phone : (954)334-2250  
Fax Number : (888)503-5258

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GIMA INVESTMENT LLC**

Certificate of Status	0
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Page Count	05
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2021 SEP 10 AM 10:42

FLORIDA DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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9/13/21

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## COVER LETTER

TO: Registration Section  
Division of Corporations

GIMA INVESTMENT 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:

Kristy E. Armada, Esq.

\_\_\_\_\_  
Name of Person

Olive Judd, P.A.

\_\_\_\_\_  
Firm/Company

2426 E. Las Olas Boulevard

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33301

\_\_\_\_\_  
City/State and Zip Code

karmada@olivejudd.com

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

For further information concerning this matter, please call:

Kristy E. Armada

\_\_\_\_\_  
Name of Person

954 334-2250

at (\_\_\_\_\_  
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 Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

GIMA INVESTMENT 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 03/30/2018 and assigned Florida document number L18000081959.

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) \_\_\_\_\_

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: \_\_\_\_\_ Olive Judd, P.A. \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_ 2426 E. Las Olas Boulevard \_\_\_\_\_  
*Enter Florida street address*

\_\_\_\_\_ Fort Lauderdale \_\_\_\_\_, Florida 33301 \_\_\_\_\_  
*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 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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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	EDILSON PEREIRA DA SILVA	#329 THE RESIDENCES AT GOLDWYNN	<input type="checkbox"/> Add
		WEST BAY STREET	<input checked="" type="checkbox"/> Remove
		NASSAU, NEW PROVIDENCE BS	<input type="checkbox"/> Change
AMBR	ELED HOLDING LTD	201 CHURCH STREET	<input checked="" type="checkbox"/> Add
		SANDYPORT, WEST BAY STREET	<input type="checkbox"/> Remove
		P.O. BOX N-3406, NASSAU, BAHAMAS	<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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 (c)  
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 September 8, 2021

Signature of a member or authorized representative of a member

Benjamin E. olive, authorized representative  
Typed or printed name of signee

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Filing Fee: \$25.00