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> DIVISION OF CORPORATIONS 18 SEP -4 PH 2: 12

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COVER LETTER

TO: Registration Section Division of Corporations

G & N 219 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:

ALEXANDER BORELL

Name of Person LAW OFFICES OF ALEXANDER E. BORELL

Firm/Company 319 CLEMATIS STREET, UNIT 200

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

ANDREA@BORELLLAW.COM

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

For further information concerning this matter, please call:

ANDREA BORELL 561 766-1452 at (_____) Name of Person 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G & N 219 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	y Company were filed on 05/11/2018	and assigned
Florida document number L18000118887		

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 "LLC"
Enter new principal offices address, if applicable:
(Principal office address, if applicable:
(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:				
New Registered Office Address:		Enter Flor	ida street address	
			Florida	
		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

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

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<u>Title</u>	Name	Address	Type of Action
MBR	NICOLE PEDROSA CHANG	17111 BISCAYNE BLVD., UNIT 805	
		NORTH MIAMI BEACH, FL 33160	Add
			Remove
			🖬 Change
			O Add
			1
			C Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

 \mathcal{O}^{C} Dated _

Signature of a member or authorized representative of a member

ALEXANDER E. BORELL

Typed or printed name of signee

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Filing Fee: \$25.00