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COVER LETTER

SUBJECT: 6BM RE INVESTMENT 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:
GLENN B Mame of Person
GBM RE INVESTMENT LLC
7848 Mies Te PL
Decrar Beach FC 33446 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Grenn Meyers at 561 266-3326 Name of Person at 561 Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section Division of Corporations

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

GBM R	E J	NUCS TA	Jet T	<u> </u>	
		y as it now appears on outability Company)			
Fhe Articles of Organization for this Limited Lial Florida document number 4 18000	bility Company	were filed on $\sqrt{2}$	15/20	Mand assigned	I
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	_	<i>X</i>	JA		
The new name must be distinguishable and contain the wor	rds "Limited Liabili	ity Company," the designat	tion "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applical	ble:	XLA			
(Principal office address MUST BE A STREET	`ADDRESS)		 ;		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or the new registered offi	r registered of	fice address on our	records, enter	B DEC 10 PH 12: 4 the native of the	7] 2— 3— 3— 3— 10 new
Name of New Registered Agent:	NIA				
New Registered Office Address:		Enter Florida str	reet 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

or memoral from our records: MGR = Manager AMBR = Authorized Member <u>Address</u> Type of Action Title Name DOMNA Meyers 7848 Trieste Place Add

Decray Beach Remove □ Add □ Remove ☐ Change \square Add 귫 Remove ☐ Remove ☐ Change _□ Add □ Remove _□ Change □ Add ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

☐ Change

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fective date, if other than the one offective date is listed, the date must	t be specific and cannot be prior to	date of filing or more than 9	(optional) days after filing.) Put	suant to 605.0
ote: If the date inserted in this blo cument's effective date on the De	ock does not meet the applicab	le statutory filing require	ments, this date will	not be listed
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	Signature of a member of authoriz	and representative of a mem	her	
	Signature of a member of authorit	zen representative of a mem		

Page 3 of 3

Filing Fee: \$25.00