

L190000 37939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

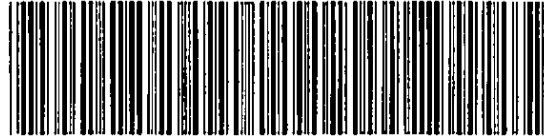
(Business Entity Name)

(Document Number)

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FEB 22 2020  
S. YOUNG

DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
FILINGS  
TALLAHASSEE, FLORIDA

2020 JAN 27 AM 7:15

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GG ACADEMY REALTY 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:

Warren Jay Stamm, Esq.  
Name of Person  
Warren Jay Stamm, Esq. P.L.  
Firm/Company  
16001 Collins Avenue, Suite 3204  
Address  
Sunny Isles Beach, FL 33160  
City/State and Zip Code  
wjslegal@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Warren Jay Stamm, Esq. 904 868-1635  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## GG ACADEMY REALTY LLC

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Gary Guido	18101 Collins Avenue, Suite 1494	<input checked="" type="checkbox"/> Add
		Sunny Isles Beach, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joreg W. Liza	1345 N.E. 204th Street	<input checked="" type="checkbox"/> Add
		Miami, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(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)

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 January 21 2020

Bj: William J. Lawrence  
Signature of a member or authorized agent

Signature of a member or authorized representative of a member

Warren Jay Stamm

Typed or printed name of signee

**Filing Fee: \$25.00**