

L19 000 165212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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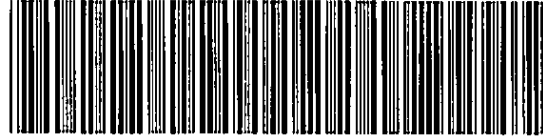
(Business Entity Name)

(Document Number)

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20 FEB 24 PM 5:30  
CLERK OF COURT  
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MAR 13 2010

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** G-1 Investments 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:

Joseph F Blanco  
Name of Person

G-1 Investments LLC  
Firm/Company

PO BOX 451357  
Address

Fort Lauderdale FL 33345  
City/State and Zip Code

joeblanco@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph F Blanco at ( 786 ) 412-0615  
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

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

G-I Investments 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 June 24th, 2019 and assigned  
Florida document number L19000165212.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

n/a

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:**

n/a

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

PO BOX 451357

**(Mailing address MAY BE A POST OFFICE BOX)**

Fort Lauderdale, FL 33345

**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:

Joseph F Blanco

New Registered Office Address:

3225 N Hiatus Rd Unit 451357

*Enter Florida street address*

Fort Lauderdale

Florida 33345

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSEPH F BLANCO	PO BOX 451357	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33345	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CAMILLE BLANCO	PO BOX 451357	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33345	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	NAKENYA ROBINSON	704 HAMMONDVILLE RD	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL 33060	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	EARNEST ROBINSON	704 HAMMONDVILLE RD	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33060	<input type="checkbox"/> Remove
			<input checked="" 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

20 FEB 24 PM 5:30  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

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20 FEB 24 PM 5:30  
SHELDON  
ALBANY

**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.

Dated FEBRUARY 21 2020

JOSEPH F BLANCO

Typed or printed name of signee

**Filing Fee: \$25.00**