

L19000184563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

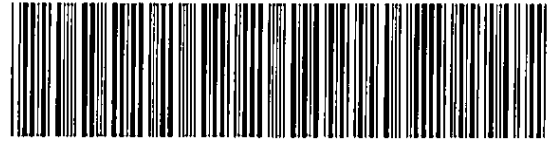
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** G DYNASTY 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:

STACY SMALL

Name of Person

SMITH THOMPSON SHAW

Firm/Company

3520 THOMASVILLE ROAD - 4TH FLOOR

Address

TALLAHASSEE, FL 32309

City/State and Zip Code

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

For further information concerning this matter, please call:

STACY SMALL

at ( 850 )

893-4105

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

2019 SEP 11 AM 8:52

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

G DYNASTY 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 07/17/2019 and assigned  
Florida document number L19000184563.

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: SUSAN S. THOMPSON

New Registered Office Address: 3520 THOMASVILLE ROAD - 4TH FLOOR

*Enter Florida street address*

TALLAHASSEE

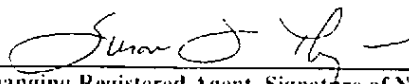
Florida 32309

*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	JUSTIN GHAZVINI	4708 CAPITAL CIRCLE NW	<input type="checkbox"/> Add
		TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JASON GAHZVINI	4708 CAPITAL CIRCLE NW	<input type="checkbox"/> Add
		TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BEHZAD GHAZVINI	4708 CAPITAL CIRCLE NW	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MEHRAN GHAZVINI	4708 CAPITAL CIRCLE NW	<input type="checkbox"/> Add
		TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	G OXFORD HOLDINGS LLC	4708 CAPITAL CIRCLE NW	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32303	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	G OXFORD HOLDINGS LLC		<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

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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 (3)(b)

**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 9<sup>th</sup> 2019

September 9<sup>th</sup> 2019  
 Signature of a member or authorized representative

MEHRAN GHAZVINI

Typed or printed name of signee

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

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(b) The 90th day after the record is filed.

Dated September 9th, 2019

Signature of a member or authorized representative of a member

JUSTIN GHAZVINI

Typed or printed name of signee

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

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Signature of a member or authorized representative of a member

JASON GHAZVINI

Typed or printed name of signee

107

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Dated September 9th, 2019

Signature of a member or authorized agent

BEHZAD GHAZVINT

Typed or printed name of signee