

L20000148631709

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : THERREL BAISDEN, LLP
Account Number : I20140000065
Phone : (305)371-5758
Fax Number : (305)371-3178

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Greg@Capitalrentalagency.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GMS ESTATE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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Q SIMMONS

MAY 20 2020

Electronic Filing Menu

Corporate Filing Menu

Help

TO: Registration Section
Division of Corporations

SUBJECT: GMS ESTATE, LLLC

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:

MARK M. HASNER

Name of Person

THERREL BAISDEN, LLP

Firm/Company

1 S.E. THIRD AVENUE, SUITE 2950

Address

MIAMI, FL 33131

City/State and Zip Code

MHASNER@THERRELBAISDEN.COM

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

For further information concerning this matter, please call:

MARK M. HASNER

305 371-5758
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

GMS ESTATE, LLC

2020 MAY 19 AM 10:20

(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 APRIL 23, 2020 and assigned
Florida document number L20000107709.

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:

1497 NW 7th Street

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33125

Enter new mailing address, if applicable:

1497 NW 7th Street

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33125

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 Florida street address

City

Florida

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

To: FAX SERVICE

From: 3053589656

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or removed from our records:

MGR = Manager

AMBR = Authorized Member

2020 MAY 19 AM 10:20

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GREGORY SCHWEITZER	9221 SW 140TH STREET	<input type="checkbox"/> Add
		MIAMI, FL 33176	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GREGROY SCHWEITZER	1497 NW 7TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33125	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2020 MAY 19 AM 10:20

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 MAY 18

2020

Signature of a member or authorized representative of a member

MARK M. HASNER

Typed or printed name of signee