## L20000314578

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## **COVER LETTER**

TO:

	gistration Se vision of Cor		
	GIAMAR F	HOLDINGS LLC	*
SUBJECT:		Name of Lim	ited Liability Company
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.
Please returi	n all correspo	ndence concerning this matter	to the following:
		ROBERT SALINAS	
			Name of Person
		REALITY CHECK BUSI	NESS SOLUTIONS LLC
			Firm/Company
		5301 TAYLOR ST	
			Address
		HOLLYWOOD, FL. 3302	:1
		rsalinas@rcbs.biz	City/State and Zip Code
			to be used for future annual report notification)
For further i	information c	oncerning this matter, please ca	all:
ROBERT S	SALINAS		786 338-9000 at ( )
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed is	a check for th	ne following amount:	
<b>≅</b> \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
Re Di P.0	ailing Addressegistration S vision of COO, Box 632 Illahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
1 a	manassee, i	1, 34317	Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GIAMAR HOLDINGS LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed	
The Articles of Organization for this Limited Liability Company were field	OII
lorida document number 1.20000314578	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compa	any here:
GIAMAR PROPERTY HOLDINGS LLC	
he 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)	
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	5/2 70
Turning minimum and the second	
	7
. If amending the registered agent and/or registered office address on	our records, enter the name of the new registe
gent and/or the new registered office address here:	
Name of New Registered Agent:	0
Name of New Registered rights.	
New Registered Office Address:	uer Florida street address
En	ner i nii naa sireet aaaress
	, Florida Zip Code
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 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>	Address	Type of Action
AMBR	MONTES, MIRTA E	5630 N STERLING RANCH DR	<b>≡</b> Add
	,	DAVIE, FL 33314	□ Remove
			□Change
			□Add
			Remove
			□Add
			□Remove
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Effecti	re date, if other than the date of filing:
Note:	tive date is listed, the date must be specific and cannot be provided and of fining of many the date in this block does not meet the applicable statutory filing requirements, this date will not be listed and its effective date on the Department of State's records.
e recor d is fil	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
·	OCTOBER 20TH 2020
Jated	

Typed or printed name of signee