## A090000058

(Re	equestor's Name)				
	ldress)	· ·			
,	, ,				
(Ad	ldress)				
(Ci	ty/State/Zip/Phon	e #)			
(-)	·, · · · · · · · · · · · · · · · · · ·	<b>,</b>			
PICK-UP	☐ WAIT	MAIL MAIL			
/D:	sings Entity No.	mo)			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
,					
J					
	·				

Office Use Only



400141994894

02/17/09--01019--002 \*\*52.50

OPFEB 17 PH 4: 08
SECULTARY OF STATE

## · COVER LETTER

#

TO: Registration S Division of C				
SUBJECT: GFFa	ctoring LP me of Florida Limited Par	tnership or Limited Liability	y Limited Partnership)	
The enclosed Certific	cate of Amendment ar	nd fee(s) are submitted	for filing.	
Please return all corr	espondence concernir	ng this matter to:		
Robert D. Gries, Jr				
	(Contact Person)			
Gries Management, LL	.C			
	(Firm/Company)			
4830 W. Kennedy Blv	d Sta 115			
4030 VV. Reinleuy DIV	(Address)			
	(			
Tampa, FL 33609		·····		
(	City, State and Zip Code)			
For further informati	on concerning this ma	atter, please call:		
Kelly Becker		at ( <u>813</u> ) 902	-9038	
(Name of Cont	act Person)		aytime Telephone Number)	
Enclosed is a check	for the following amo	unt:		
\$52.50 Filing Fee	☑\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	□\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRES	S:	MAILING A	ADDRESS:	
Registration Section		Registration		
Division of Corporat	ions	Division of Corporations		
Clifton Building		P. O. Box 63		
2661 Executive Cen	ter Circle	Tallahassee,	FL 32314	
Tallahassee, FL 323	01			



February 2, 2009

ROBERT D. GRIES, JR. GRIES MANAGEMENT, LLC 4830 W. KENNEDY BLVD., SUITE 445 TAMPA, FL 33609

SUBJECT: GFFACTORING, L.P. Ref. Number: A09000000058

We have received your document for GFFACTORING, L.P.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$52.50. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

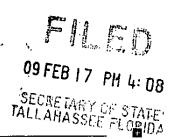
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 609A00003671

Neysa Culligan Regulatory Specialist II

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



GFFactoring LP	GF	Fa	cto	rina	LP
----------------	----	----	-----	------	----

(Insert name currently on file with Florida Department of State)

Pursuant to the provisions of section 620.1202, Floring limited liability limited partnership, whose certifications.	ate was filed with the	ne Florida Department of State on
January 22, 2009, assigned Flor	ida document numb	er A09000000058 ,
adopts the following certificate of amendment to i	ts certificate of limi	ted partnership.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the linere:	mited partnership or	limited liability limited partnership
GF Factoring, LP		
(New name must be distinguished	ıble and contain an acc	eptable suffix.)
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: L	ip, Limited, L.P., LP, or imited Liability Limited	Ltd. Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or princip principal office address here:	oal office address, <u>e</u>	nter new mailing address and/or
New Principal Office Address:		
(Must be STREET address)		
New Mailing Address: (May be post office box)		
(May be post office box)		
C. If amending the registered agent and/or registenew registered agent and/or the new registered office		our records, enter the name of the
	_	
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florid	la street address)
		, Florida
	(Citv)	(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	l I
am familiar with and accept the obligations of my position as registered agent.	

(If Changing Registered Agent, Signature of New Registered Agent)

D.	If amending the ge	eneral partner(s),	enter the name	and bu	usiness a	address o	f each	<u>general</u>	<u>partner</u>	<u>being</u>
<u>ado</u>	<u>led or removed fron</u>	<u>n our records:</u>								

Title	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add☐ Remove
			Add Remove
			Add Remove
			☐ Add☐ Remove
			☐ Add ☐ Remove
			_ □ Add □ Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

	This Limited Parti	nership hereby ek	ects to be a '	'Limited Liability	Limited Partnership."
--	--------------------	-------------------	----------------	--------------------	-----------------------

☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information,	, enter change(s) h	ere: (Attach additional sh	neets, if necessary.)
•			
Effective date, if other than the date (Effective date cannot be prior to nor more)	of filing: than 90 days after the	e date this document is filed	by the Florida Department of
State.)	,		
Signature(s) of a general partner o	or all general par	tners*:	
(*NOTE: Only one current general partner removing a "limited liability limited partner when adding or removing a "limited liability	r is required to sign th rship" election statem	nis document unless the limit ent. Chapter 620, F.S., requ	ted partnership is adding or uires all general partners to sign
Robert D. Gries, Jr. for GFFactoring GP			
CIFFACTORINGCH			
Signature(s) of all new or dissociat	 ting general part	ner(s), if any:	
Signature(s) or an new or ansociat	ing general part	1101(5)( 11 un <sub>y</sub> .	
	<del></del>		A.S. 09 600
	•	·	
			ASS T
•	\$52.50 \$52.50		H: 08