

LO3000033284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

GBP Development LLC
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

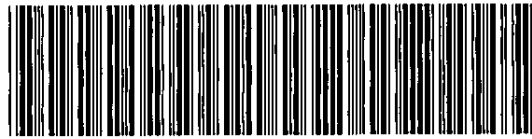
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

SEP - 2 2011

EXAMINER



400211464734

09/02/11--01001--017 **55.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
30M SEP - 1 PM 4: 17
NOT RETURNED
TO AGENCY
SUFFOLK COUNTY OF FLA. INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 SEP - 1 AM 10: 26

Sunstate Research

Requester's Name

Address

City/State/Zip

Phone #

656-8454

Office Use Only

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 SEP -1 AM 10:25

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. GBP Development, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- Walk in
- Mail out
- Pick up time
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GBP DEVELOPMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 SEP -1 AM 10:26

The Articles of Organization for this Limited Liability Company were filed on September 4, 2003 and assigned
Florida document number L03000033284.

This amendment is submitted to amend the following:

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

FCC VENETA GP, LLC

The new name must be distinguishable and end with 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:

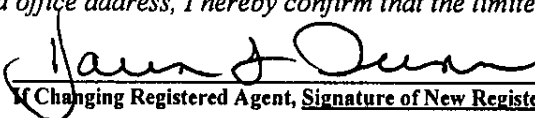
Name of New Registered Agent: Corporation Service Company

New Registered Office Address: 1201 Hays Street
Enter Florida street address

Tallahassee, Florida 32301
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 608, 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.


Karin L. Dunn
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

**MGR = Manager
MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____

Aubrey J. Ferrao
 Signature of a member or authorized representative of a member

and not individually

Aubrey J. Ferrao, Authorized Representative

Typed or printed name of signee