

LOS 000 / 13527

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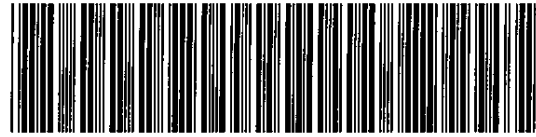
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Guess Who Cares 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:

Donald Meyer & Kathi Delp
(Name of Person)

G.S.D. LLC (formerly Guess Who Cares LLC)
(Firm/Company)

1888 Silver Fern Road
(Address)

Port Orange, FL 32128
(City/State and Zip Code)

For further information concerning this matter, please call:

Don Meyer / Kathi Delp at (386) 314-3333
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Guess Who Cares LLC

(Present Name)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FIRST: The Articles of Organization were filed on 11-16-05 and assigned document number L05000113527.

SECOND: This amendment is submitted to amend the following:

This corporation was originally filed to begin operation on 1-1-06. It has been dormant, thus far. This amendment is for TWO changes before operation begins.

CHANGE #1 - Name Change - Guess Who Cares LLC (old name)

* NEW NAME → G.S.D. LLC

CHANGE #2 - Ownership - Donald Meyer (old owner)

* NEW OWNERSHIP → Donald Meyer & Kathi Delp

Originally registered as PARTNERSHIP, but only one name appeared on Certificate - this amendment is to correct that.

* Enclosed payment for Filing Fee / Certificate of Status / Certified Copy

Dated 6-9, 06.

Don Meyer Kathi Delp

Signature of a member or authorized representative of a member

DON MEYER Kathi Delp

Typed or printed name of signee