## L11000004957

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SECRETARY OF STATE
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D. BRUCE
FEB 0 9 2011
EXAMINER

## **COVER LETTER**

TO: Registr Division	ation Secti n of Corpo	ion . rations			,	
SUBJECT:	GE	Acquisitions Cor	mpany of South Flori	ida, LLC		
		Name of Lim	nited Liability Company			
The enclosed Art	ticles of An	nendment and fee(s) are su	bmitted for filing.			
Please return all	correspond	ence concerning this matte	er to the following:			
			George Befeler, Esq.		_	
			Name of Person		,	
			HomerBonner, PA			
			Firm/Company	· · · · · ·	_	
		1441	Brickell Avenue, Suite 1	200	_	
			Address		-	
			Miami, Florida 33131			
			City/State and Zip Code			
		gbet	feler@homerbonner.cor (to be used for future annual report	m	SE =	
For further inform	nation cond	cerning this matter, please	•	nottrication)	URETAR	T
	Geor	ge Befeler	at ( 305 )	350-5159	(m) 200	
	Name of Pe	erson		aytime Telephone Numbe	HIZ 30 STATE FLORIDA	D
Enclosed is a che	ck for the f	following amount:				
\$25.00 Filing	Fee [	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certifie	ate of Status &	

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

GB Acquisitions Compa	any of South Flor	ida LLC	
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears of I Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	1-12-11	and assigned
Florida document number L11000004957			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia			
GB Acquisition of	f South Florida, LLC		
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company,'	the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		Eë	
(Principal office address MUST BE A STREET ADDRESS)		HAR	<u> स्व</u>
		S S S S S S S S S S S S S S S S S S S	<u> </u>
Enter new mailing address, if applicable:		OF STA	장 <b>(</b> )
(Mailing address MAY BE A POST OFFICE BOX)		A G	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent:  New Registered Office Address:	ere:	records, <u>enter t</u> Florida street add.	
	· City	, Fiorida	Zip Code
			<b>.</b>

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.

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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<del></del>		Add Remove
<del></del>	<del></del>		Add Remove
			D Damasia
			AddRemove
<del></del>			AddRemove
***************************************			AddRemove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional shee	ets, if necessary HARRY OF AHASSEE, F.
		,	STATE LORIDA
Dated <u>FE</u>	pbruary 1	<u>3011</u> .	
	Signature of a m	ember or authorized representative of a me	
	Signature of a fin	George Befeler	MILON
		yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00