LI4 0000 37128

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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04/24/14--01013--015 **25.00



COVER LETTER

| Division of Cor | | | |
|----------------------------|--|---|--|
| SUBJECT: GB | J VENTURES LLC | | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | 6-11 | | |
| | GENE | Name of Person | |
| | CONSTAN BA | Firm/Company | |
| | 4025 TAMOR R | Address | |
| | | 34677 City/State and Zip Code | |
| | | to be used for future annual report notifi | cation) |
| For further information of | concerning this matter, please co | all: | |
| Name of Person | | at (727) | |
| Enclosed is a check for t | he 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

| GBU VENTO | | |
|--|--|-----------------------|
| (Name of the Limited Liab (A Flor | oility Company as it now appears on our records.) ida Limited Liability Company) | |
| (| ian Emmod Ememy Company) | |
| The Articles of Organization for this Limited Liability | Company were filed on | and assigned |
| Florida document number <u>L14000037128</u> | <u> </u> | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the li | mited liability company here: | |
| 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 AD) | DRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | · | |
| | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office agent and/or the new registered agent and/or the new registered agent agent and/or the new registered agent | | r the name of the new |
| | | |
| N. CN. D. L. LA | · | ALL SEC |
| Name of New Registered Agent: | | <u> </u> |
| New Registered Office Address: | | POS 10 Manuel |
| | Enter Florida street address | |
| | , Florida | |
| _ | City | ⊋ Zip Code |
| New Registered Agent's Signature, if changing Registe | ered Agent: | A MG |
| | | |

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---|--------------------|------------------------------|---------------------|
| Mane | BURGETT FRANK | 2300 Curucu ROND - SUITE 100 | >□ Add |
| | | Prin Harris, Fl. 34683 | Remove |
| MGMR | B & B LIMITED, LLC | 2300 Curien Rono-Suite la | Add |
| | | Prin Harris FC 34683 | □ Remove |
| | · | | |
| | | | □ Remove |
| *************************************** | | 100 | Add Remove |
| | | () () () () | APR 24 AN III Emove |
| | | | □ Add |
| | | | □ Remove |

| | amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
|---|--|-------------|
| * | | |
| | | |
| | | |
| (| ffective date, if other than the date of filing: | _ |
| } | April 21 54, 2014. Like Jost - Managing Member-Carrie Signature of a member or authorized representative of a member | 1 By Agpert |
| | GENE LANTIN Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00

TACL APR 24 PH 1: 12