## 121000288267

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2021 HOV 24 AM II: 23
SECRETARY OF STATE
TALL AHASSEE, FLORE

## **COVER LETTER**

TO: Registration S Division of Co	•		
GDV Hole	lings LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and feers) are sub	smitted for filing	
	ondence concerning this matter		·
	Rick Correa		
		Name of Person	<del></del>
	USA Consulting & Busine		
		Firm Company	
	947 W Jefferson St		
	-	Address	
	Brooksville FL 34601		
	Infousacbs@gmail.com	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Rick Corica		813 4517670	
Name	of Person	Area Code Daytim	e Telephone Number
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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 NOV 24 AM 11: 23

GDV Holdings LLC		SECRETARY OF STATE — TALLAHASSEE, FLUGG
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	iny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	were filed on 6/21/2021	and assigned
Florida document number 1.21000288267		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	htv 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 agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	-	
	Enter Florida street a	
	City	. Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		,
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter 6	s, and I am familiar with and 605. F.S. Or. if this document is
If Char	nging Registered Agent, Signat	ure of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		·	
		<del> </del>	□Remove
AMBR	Diego Felipe Rueda Murillo	947 W Jefferson St	■Add
		Brooksville FL 34601	□Remove
			☐ Change
			■Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□ Add
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		-	Change
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			□Remove
			□Change

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Filing Fee: \$25.00