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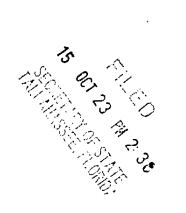
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SECULIFOT OF STATE
TALLARISSEE STATE

Mh 10/23/15

COVER LETTER

Division of Corporations	
SUBJECT: GBR GROV Name of Florida Limited Par	p LTD.
Name of Florida Limited Page	tnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment a	nd fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to:
RAYHOUD PASSO Contact Person	
Contact Person	7 . —
GBK BRS	UN LTD
Firm/Company	,
7650 Hollybuila	e RX-
Contact Person GBK SHO Firm/Company 7650 Hullyhilly Address JACKSONV ICC City, State and Zip Code	
	FL 32256
City, State and Zip Code	
E-mail address: (to be used for future annual	· COM.
E-mail address: (to be used for future annual	report notification)
For further information concerning this ma	-
RAYMYND BASSD	at (<u>604</u>) <u>228-1558</u> Area Code and Daytime Telephone Number
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amo	unt:
\$52.50 Filing Fee \$61.25 Filing Fee	\$105.00 Filing Fee \$113.75 Filing Fee,
PAL 427.50 and Certificate of Status	and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee FL 32301	



CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	OF
GBR GROUP	170
Insert name currently on file	with Florida Department of State
	ate was filed with the Florida Department of State on ida document number A 94 00000 145
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited partnership or limited liability limited partnership
New name must be distinguisha	ble and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnership Acceptable Limited Liability Limited Partnership suffixes: Li B. If amending mailing address and/or principal office address here:	
New Principal Office Address:	
(Must be STREET address)	
New Mailing Address: (May be post office box)	· · · · · · · · · · · · · · · · · · ·
(amily corpute symmetric)	
C. If amending the registered agent and/or register new registered agent and/or the new registered office	ed office address on our records, <u>enter the name of the</u> <u>address here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address



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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
JP	Nosmo, Inc	JACKSON WILE, FL	Add Add
GP	Livic Sosa B	- ECKSON/11/2 41 S	Add Remove
GP	Daymond P. Bo	2550 7610 Hollyridge R	Add Remove
		32254	Add Remove
			Add Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

ľ		
ı	,	This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
I		This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."



	
)
fective date, if other than the date of filing:	070ber 23, 2015
ffective date cannot be prior to nor more than 90 days afte ate.)	er the date this document is filed by the Florida Department o
,, ,,	
gnature(s) of a general partner or all general	partners*:
NOTE: Only one current general partner is required to signoving a "limited liability limited partnership" election sta	on this document unless the limited partnership is adding or atement. Chapter 620, F.S., requires all general partners to s
hen adding or removing a "limited liability limited partners	ship" election statement.)
0	
ANMONDE PASSO ABL GROUP, LTD	* Kreyword J. Borro
7/20 Care 1-1	
2110 GROWN 1-FD	
7,010	•
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	•
	artner(s) if any
ignature(s) of all new or dissociating general p	partner(s), if any:
ignature(s) of all new or dissociating general p	~
	eartner(s), if any:
Spature(s) of all new or dissociating general p	~
gnature(s) of all new or dissociating general p Raymond P. Basso Mosiro, Inc.	~
gnature(s) of all new or dissociating general p	

\$52.50

\$52.50

\$8.75

Filing Fee:

Certified Copy (optional):

Certificate of Status (optional):