

LOI 0000 10622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

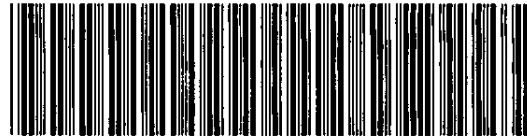
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000262838530

08/07/14--01008--001 \*\*25.00

14 AUG - 7 11:10:11  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-07-14 BY 60322

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **GADPA HOLDINGS, 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:

**Naneth Perdomo**

Name of Person

**GADPA HOLDINGS, LLC.**

Firm/Company

**400 NW 129 Avenue**

Address

**Miami, Florida 33182**

City/State and Zip Code

**perdomo8220@bellsouth.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Naneth Perdomo**

Name of Person

at **305 467-0885**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**GADPA HOLDINGS, LLC**

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | <u>Address</u>                      | <u>Type of Action</u>                   |
|--------------|-------------------|-------------------------------------|-----------------------------------------|
| MGR          | GABRIELLA PERDOMO | 400 NW 129 AVENUE, MIAMI, FL. 33182 | <input checked="" type="checkbox"/> Add |
|              |                   |                                     | <input type="checkbox"/> Remove         |
|              |                   |                                     |                                         |
|              |                   |                                     | <input type="checkbox"/> Add            |
|              |                   |                                     | <input type="checkbox"/> Remove         |
|              |                   |                                     |                                         |
|              |                   |                                     | <input type="checkbox"/> Add            |
|              |                   |                                     | <input type="checkbox"/> Remove         |
|              |                   |                                     |                                         |
|              |                   |                                     | <input type="checkbox"/> Add            |
|              |                   |                                     | <input type="checkbox"/> Remove         |
|              |                   |                                     |                                         |
|              |                   |                                     | <input type="checkbox"/> Add            |
|              |                   |                                     | <input type="checkbox"/> Remove         |
|              |                   |                                     |                                         |
|              |                   |                                     | <input type="checkbox"/> Add            |
|              |                   |                                     | <input type="checkbox"/> Remove         |
|              |                   |                                     |                                         |
|              |                   |                                     | <input type="checkbox"/> Add            |
|              |                   |                                     | <input type="checkbox"/> Remove         |
|              |                   |                                     |                                         |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

---

---

---

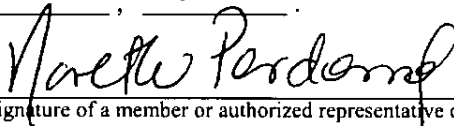
---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 5, 2014



Signature of a member or authorized representative of a member

**NANETH PERDOMO**

Typed or printed name of signee