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COVER LETTER

TO:

Registration Section
Division of Corporations

ECT. 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

_{..}305 \467-0885

Name of Person

Area Code

Daytime 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)

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

GADPA HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa Florida document number <u>L01000010622</u> .	ny were filed on 06/29	/2001 a	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and end with the words "Limited L	iability Company," the design	ation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		7.50	
			74
Enter new mailing address, if applicable:		r.	35
		· · ·	
(Mailing address MAY BE A POST OFFICE BOX)			**************************************
		*	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, enter the r	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	eet address	
		, Florida	
	City	 /	Code
New Registered Agent's Signature, if changing Registered Agen	nt:		

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>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
MGR	GABRIELLA PERDOMO	400 NW 129 AVENUE, MIAMI, FL. 33182	■ Add
			□ Remove
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If amending any o	other information, enter change(s) here: (Attach additional shee	ets, if necessary.)
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		-
		
(The effective date must	other than the date of filing: st be specific, cannot be prior to date of receipt or filed date and cannot be more that is filed by the Florida Department of State)	(optional) an 90 days after
Dated AUGUS		
Dated	North Pordon	
	Signature of a member or authorized representative of a mem	ber
	NANETH PERÐØMO	

Page 3 of 3

Filing Fee: \$25.00