L04000153945

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COVER LETTER

TO: Registration Division of C	Section Corporations	the Aller	ť
SUBJECT: G.D	. Investments,	LLC	
30DJEC1	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Douglas W.	Stooshinoff	
		Name of Person	
		Firm/Company	
	2416 NE 26	th Terrace	
		Address	·
	Ft. Lauderda	ale, Florida 3330	5
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further informatio	n concerning this matter, please c	all:	
Douglas V	V, Stooshinoff		
	e of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	r 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

G. D. Investments, LLC			
(Name of the Limited L (A F	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liabi Florida document number <u>L04000053945</u>	lity Company were filed on 7/19/2004	aı	nd assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation "LLC" or the	abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<i>X</i>)		
registered agent and/or the new registered office	registered office address on our records, <u>enter</u> e address here:	the n	ame of the no
Name of New Registered Agent:	٤.	7	
New Registered Office Address:	Enter Florida street address		-
		: 72	- 75
-	, Florida City	Zip	Code
New Registered Agent's Signature, if changing Registered Agent:			-
	gent and agree to act in this capacity. I further ag	ree to) commh with th
provisions of all statutes relative to the proper a accept the obligations of my position as register	ind complete performance of my duties, and I am red agent as provided for in Chapter 605, F.S. Or, istered office address, I hereby confirm that the lii	familio if this	ur with and document is

If Changing Registered Agent, Signature of New Registered Agent

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 Type of Action Title Name **Address** 2416 NE 26 Terrace Douglas W. Stooshinoff **AMBR** Ft. Lauderdale, FL 33305 Remove Patricia G. Frank 2416 NE 26 Terrace AMBR ■ Add Ft. Lauderdale, FL 33305 2416 NE 26 Terrace MGR Douglas W. Stooshinoff Ft. Lauderdale, FL 33305 Patricia G. Frank 2416 NE 26 Terrace MGR □ Add Ft. Lauderdale, FL 33305 Remove

D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The effective of	ate, if other than the date of filing:(optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
Dated	5/29/142
	Signature of a member or authorized representative of a member
<u>[</u>	Douglas W. Stooshinoff
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00