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EXAMINER



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10 FEB -8 AM II: 47

SECRETARY OF STATE

COVER LETTER

то:	Registration Sec Division of Corp		,			
SUBJECT: GMAQ, LLC						
			ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please •	return all correspon	ndence concerning this matter	to the following:			
			Name of Person			
			Name of Person			
			GMAQ, LLC			
			Firm/Company			
		S	YOSSET, NY 11791			
			City/State and Zip Code			
		E-mail address: (t	o be used for future annual report r	otification)		
For fur	ther information co	oncerning this matter, please c	·	·		
	TE	D DOUKAS	at (516)	589-0599		
Name of Person			Area Code & Day	time Telephone Number		
Enclos	ed is a check for th	e following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Seed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registra	NG ADDRESS: ation Section to of Corporations x 6327	STREET/COU Registration Se Division of Cou Clifton Buildin	rporations		
Tallahassee, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	GMAC		•			
(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appear Liability Company)	s on our records.)	-		
The Articles of Organization for this Limited I	and assigned					
Florida document number L0600004	6576					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liab	oility company her	<u>e</u> :			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	ny," the designation "I	LLC" or the abbreviation		
Enter new principal offices address, if appli	70 SPLIT RO	CK ROAD,				
(Principal office address MUST BE A STRE	SYOSSET, N	Y 11791	0			
				<u> </u>		
Enter new mailing address, if applicable:	70 SPLIT ROCK ROAD		F RETAR OF EB -8			
(Mailing address MAY BE A POST OFFICE	S.BOX)	SYOSSET, N	Y 11791			
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter t</u>	the name of the new		
Name of New Registered Agent:	TED DOUK	(AS	···			
New Registered Office Address:	4713 VILLA	MARE LANE				
	Enter Florida street address					
		NAPLES	, Florida	34113		
		City		Zip Code		

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 as provided for in Chapter 608, 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 Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Type of Action Title Address **Name** MGR BAVELIS, GEORGE A 500 S. OCEAN BOULEVARD √ Remove UNIT #1007 **BOCA RATON FL 33432** NEMESIS OF L.I. CORP MGR 70 SPLIT ROCK ROAD √ Add SYOSSET NY 11791 Remove Remove Add Remove ∏Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **JANUARY 1ST** 2010 Dated_ Signature of a member or authorized representative of a member **TED DOUKAS** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00