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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECD

MAR 30 2016

J SHIVERS

Eli Gabay  
Manager & CEO, Growth Venture Partners, LLC  
President & CEO, Growth Venture Partners, Inc.  
1930 Ski Slope Circle  
Las Vegas, NV 89117

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Growth Venture Partners Amendment & Conversion

To Whom It May Concern:

Please accept this letter as consent of Growth Venture Partners, LLC and Growth Venture Partners, Inc. in using the Growth Venture Partners name in the filings, amendments and registrations herein, as listed below:

1. Firstly, please file the attachment of the amendment of the name of 'Growth Venture Partners, LLC' to 'GVP LLC'
2. Secondly, please file the second attachment of the conversion of the corporation 'Growth Venture Partners, Inc.' to a limited liability company to be named 'Growth Venture Partners LLC'

I have included all the documents and the check for the total amount.

Should you have any questions, please feel free to reach me at (305) 600-3220 or at [eligabay@gmail.com](mailto:eligabay@gmail.com)

Thanks in advance for your help.

Regards,

Eli Gabay  
Manager & CEO, Growth Venture Partners, LLC  
President & CEO, Growth Venture Partners, Inc.

**ENCLOSURE :**

① PLEASE FILE THIS FIRST

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

Growth Venture Partners, LLC

SUBJECT: \_\_\_\_\_  
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:

Eli Gabay

\_\_\_\_\_  
Name of Person

Growth Venture Partners, LLC

\_\_\_\_\_  
Firm/Company

1930 Ski Slope Circle

\_\_\_\_\_  
Address

Las Vegas, NV 89117

\_\_\_\_\_  
City/State and Zip Code

egabay@growthventurepartners.com

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

For further information concerning this matter, please call:

Eli Gabay

305 600-3220

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_  
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

Growth Venture Partners, 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 Company were filed on 4/15/2008 and assigned Florida document number L08000037585.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

GVP LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

**New Registered Office Address:**

*Enter Florida street address*

Florida

*City*

**SERIAL  
NUMBER  
16 MAR 29  
TALLAHASSEE,  
FLORIDA  
111-2  
ED**

**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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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) Pursuant to 605.0207 (3)(b)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated March 24 / / 2016

Signature of a member or authorized representative of a member

Eli Gabay

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**