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SECRETALY OF SOME

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: GDC In	vestors, LLC		
		ited Liability Company)	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Jay N. Siefman		
		(Name of Person)	
	Jay N. Siefman, PLC		
		(Firm/Company)	
	30833 Northwestern High	way, Suite 205	
		(Address)	
	Farmington Hills, MI 4833	34	
		(City/State and Zip Code)	
For further information of	concerning this matter, please ca	all:	
	g , , ,		
Jay N. Siefman	of Person)	at (248) 851-2288 (Area Code & Daytime T	Selenhone Number
(, vame	or i visony	(Mea code & Baytime)	elephone (valueer)
Enclosed is a check for t	he 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



(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 13, 2008 and assigned Florida document number L08000047811

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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

New Registered Office Address: 910 Riviera Dunes Way

(Enter Florida street address)

Jerome Rydell

(Enter 1 tortula street data ess,)

Palmetto , Florida 34221
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

registered agent and/or the new registered office address here:

Name of New 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 heing 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)

Page 1 of 2

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGRM_	Donna Ellison-R	ydell	910 Riviera Dunes Way Palmetto, FL 34221	Add Remove
MGRM	Jerome Rydell		910 Riviera Dunes Way Palmetto, FL 34221	Add Remove
				Add Remove
				Add Remove
				Add Remove
	<u> </u>		Add Remove	
D. If amend	ling any other info	rmation, enter char	nge(s) here: (Attach additional sheets, if necessary.)	
	1 201			
Dated	May 28	Signature of a mem	perfor authorized representative of a member	
			ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00