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D. BRUCE
MAY 24 2011
EXAMINER

COVER LETTER

10.	Division of Cor						
SUBJE	CT.	JO	SDB, LLC				
SUBJE	CI		ited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please r	eturn all correspo	ondence concerning this matter	to the following:				
			Oliverio Lew				
			Name of Person				
			JGDB, LLC				
			Firm/Company	 · ·			
		1170 Kane Concourse, 5th Floor				*:	
			Address				أبسائعت
		Bay Ha	rbor Islands, Florida 33154			HAY 2	
			City/State and Zip Code		100 m	CO	i Poli
		Oliveriolew@gmail.com E-mail address: (to be used for future annual report notification)					
For furt	her information o	concerning this matter, please c	•	, action,	FLORIDA	(1) (1) (2)	
	C	Oliverio Lew	at (305)	361-9477	- .		
Name of Person		of Person	Area Code & Daytime Telephone Numbe				
Enclose	d is a check for t	he following amount:					
	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Stati		sed)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OGK, LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appear mited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	12/15/2008	and assigned
Florida document numberL08000113988	_•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company her	<u>e</u> :	
	GDB, LLC		
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			The state
(Principal office address MUST BE A STREET ADDRI	ESS)		1743 1776 2
		60 80 60	
Enter new mailing address, if applicable:			章
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		our records, <u>enter th</u>	e name of the nev
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			
	En	ter Florida street addr	ess
	, Florida		
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Address** Type of Action Title Name Jaime Gilinski MGR 1170 Kane Concourse, 5th Floor ✓ Remove Bay Harbor Islands, FL 33154 Joshua Gilinski MGR 1170 Kane Concourse, 5th Floor Bay Harbor Islands, FL 33154 **√** Remove MGR Gabriel Gilinski 1170 Kane Concourse, 5th Floor Bay Harbor Islands, FL 33154 ☐ Add Oliverio Lew MGR 1170 Kane Concourse, 5th Floor **√** Add Bay Harbor Islands, FL 33154 Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 20, 2011 Signature of a member of authorized representative of a member Oliverio Lew Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00