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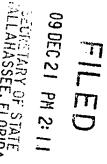
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D. BRUCE
DEC 2 2 2009

EXAMINER

COVER LETTER

Division of Co		
CUBICÓT	GBFF	INANCIAL, LLC.
SUBJECT:		nited Liability Company
The enclosed Articles of	f Amendment and ice(s) are su	bmitted for filing.
Please return all corresp	oondence concerning this matte	r to the following:
		JENNY H. BLUME
		Name of Person
	G	B.E. FINANCIAL, LLC.
		Firm/Company
	2	20410 SW 125TH AVE
		Address
		MIAMI, FL. 33177 City/State and Zip Code
	E-mail address:	(to be used for future annual report notification)
For further information	concerning this matter, please	
	lenny Blume	at (786) 290-2145
Name	of Person	Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, 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

	ANCIAL, LLC.	-)
(A Florida Limited	pany as it now appears on our records d Liability Company)	. ,
The Articles of Organization for this Limited Liability Compa Florida document numberL0900015066	ny were filed on <u>February 14, 2</u>	2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Li" "L.L.C."	imited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		N.
Enter new mailing address, if applicable:	18495 S. Dixie HWY., #318)9 DEC
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL. 33157	SERVE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		tenather name of the new
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street	
	address ·	
·	, Florid	Zip Code
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Jenny H. Blume	20410 SW 125th Ave. Miami, EL 33177	
MGRM	Anibal E. Guarderas	20410 SW 125th Ave. Miami, FL 33177	✓ Add ☐ Remove
MGR	Irene H. Blume	20410 SW 125th Ave. Miami, EL 33177	Add Remove
MGR_	Sidney J. Ervin	20410 SW 125th Ave. Miami, FL, 33177	✓ Add Remove
<u>MGRM</u>	Irene H. Blume	20410 SW 125th Ave Miami. FL. 33177	Add Remove
MGRM	Sidney J. Ervin	20410 SW 125th Ave. Miami, FL 33177	AddRemove
D. If amene	ling any other information, enter cl	hange(s) here: (Attach additional sheets, if necess	sury.)
			O9 DEC 2
Dated	omber 14th 2009.	Dones.	C21 PH 2:11 SSEE: FLORIDA
	Signature of a me	mber or authorized representative of a member	
	11	Jenny H. Blume yped or printed name of signee	
	l l	ypea or printed name or signee	

Page 2 of 2

Filing Fee: \$25.00