LOPODO MOSTA

(Re	questor's Name)	
(Ād	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		;

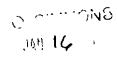
Office Use Only



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COVER LETTER

TO: Registration Sel		The second secon	N.
SUBJECT: GOD	CELLER PRICE - Name of Lim	Acquisition GROSS	p, LC.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Darry B.	Heriotekenki Jk., Name of Person	
	Global Ente	REPRESE Acqueste	ON EROCH, LLC
	5501 Chath	Address	
	Orlando, F-92	OR LAC 32808 City/State and Zip Code	
	DHE NIDE ESTI	CIERPRODERTES	cation)
For further information co	oncerning this matter, please ca	all:	
DiRRUB. H	RayORIK SW JR,	at (407) 465-5 Area Code Daytime	8687 Telephone Number
Enclosed is a check for th	e 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 OF

(Name of the Limited Liability) (A Florida L.	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>LCHOCO106372</u>	- · · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	nd 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 ADDRE	<u>(SS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: 550	Ryl B. Hearterson Sk. (Hember) Chretheir Woods Ct. Enter Florida street address
ORIG	City . Florida 33808

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>	Name	Address	Type of Action
AMBR	Diexill Henderson Sc	5501 Author Woos (1. P. 1939)	<u>?</u> _□ Add
			Remove
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Tective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of file If the date inserted in this block does not meet the applicable statute cument's effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 605.02 ory filing requirements, this date will not be listed:
record specifies a delayed effective date, but not an effective date date, but not an effective date date, but not an effective date date date date date date date dat	ctive time, at 12:01 a.m. on the earlier
11-C4-2007	

Page 3 of 3

Filing Fee: \$25.00