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EXAMINER

20 B) SEP -3 AM M: 09
SECRETARY OF STATE
AN LAHASSEE, FLORIDA

COVER LETTER

TO: Registration Division of C	Section Corporations			
SUBJECT:		rnational, L.L.C.		
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fec(s) are suit	bmitted for filing.		
Please return all corre	spondence concerning this matte	r to the following:		
		Joel A. Savitt, Esq.		
		Name of Person		
Joel A. Savitt, P.A.				
		Firm/Company		
20801 B		iscayne Boulevard, Suite 500	6	7, 2
•		Address		2010 SEP TALLAHI
	Aventura, Florida 33180			EP -3 AM
•		City/State and Zip Code		SSE 3
	Sa	avitt@mindspring.com		
		to be used for future annual report notifica	ation)	AH H: 09 EE. FLORID
For further information	n concerning this matter, please of	call:		DE VO
Ēr	ica Smolyansky	at (305) 936-8	844, Ext. 108	
	e of Person	Area Code & Daytime		· <u>····</u>
Enclosed is a check fo	r the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional)	of Status &
	ILING ADDRESS: istration Section	STREET/COURIE Registration Section		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GC In (Name of the Limited Liabil) (A Florid	nternational, L.L.C. ity Company as it now appears of a Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on Nov	ember 13, 2009 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
GC Florida	a (International) II, L.L.C.		
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Company,		
Enter new principal offices address, if applicable:		TALLES ST	
(Principal office address MUST BE A STREET AD)	DRESS)	2000年	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEE. FLORIDA	
B. If amending the registered agent and/or regregistered agent and/or the new registered office as Name of New Registered Agent:		records, enter the name of the new	
New Registered Office Address:			
THOS MEGICINE CHIEF PROGRESS.	Enter Florida street address		
	, 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 = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u> </u>		Add Remove
			Add Remove
			Add Remove
			SELITE REMOVE
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
			
	September 2 \(\sum_2	2010	
Dated		er or authorized representative of a member	
	(/ J	oel A. Savitt, Esq.	

Page 2 of 2

Filing Fee: \$25.00