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(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	: #)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Ві	ısiness Entity Nam	ne)
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2015 JUL 27 P 2: 13
SECRETARY OF STATE

Mr. 5.8 51.701.

COVER LETTER

Div	ision of Corp	orations					
SUBJECT:	GBDM Real	ty and Management, LLC					
Schare 1.	·	Name of Lim	nited Liability Company				
The enclosed	Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:				
		David Muyres					
			Name of Person				
			Firm/Company		<u> </u>		
		P O Box 2426					
			Address	**			
		Orange Park, FL 32067			₽°	20	
		davidmuyres@gmail.com	City/State and Zip Code		ECRE	2015 JUL 27	
		E-mail address: (to be used for future annual re	port notification)	ASS.	UL 27 F	-
For further in	nformation co	ncerning this matter, please c	all:		E.F.	ם ך ה	1
David Muyr	es		904 219- at ()	7407	STAT COR	₩.	
	Name of	Person	Arca Code	Daytime Telephone	Number	ū	
Enclosed is a	check for the	e following amount:				•	
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) (60.00 Filing Dertificate of Certified Copadditional copy	Status &	

MAILING ADDRESS:

TO:

Registration Section

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 Compa (A Florida Limited)	ny as it now appears on our rec Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number L10000001144	were filed on Jan 5, 2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1409 Kingsley Ave	
Principal office address MUST BE A STREET ADDRESS)	Suite 2	
	Orange Park, FL 32073	7
Enter new mailing address, if applicable:	P O Box 2426	7015 JUL SECRETA
Mailing address MAY BE A POST OFFICE BOX)	Orange Park, FL 32067	27 SSE
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our reco	ords, Center the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		, 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Gary C. Bernard	1996 Kingsley Ave	
		Orange Park, FL 32073	■ Remove
			Change
			□ Add
			□ Remove
			□ Change
	 		Add
			Remove Remove
			Remove Remove Remove Remove Remove Remove Remove Remove
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n effective date is listed, the date	must be specific at	nd cannot be prior		more than 90 day		g.) Pursua	
ote: If the date inserted in thi cument's effective date on the				ing requirement	s, this dat	e will no	t be listed
record specifies a dela The 90th day after the	yed effective	date, but no	t an effective	time, at 12	:01 a.m	on the	e earlier
The sour day after the	ecord is med	J.					
tedted	1	2015					
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A.	MANU WILL	UN	orized representati				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00