

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(5.7, 5.5.5.2.4, 5.5.2.3.7)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Fitting Officer.				

G. MCLEOD III

MAR 23 2010

EXAMINER



200171966172

03/22/10--01024--013 **55.00

10 MAR 22 PM 1: 39

COVER LETTER

TO: Registration So Division of Con				
SUBJECT:	GBA WES	STSHORE, LLC		
	Name of Limite	d Liability Company		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspondent	ondence concerning this matter t	o the following:		
		Matthew K Zvacek		
•		Name of Person		
Gold Buyers of America,LLC				
Firm/Company				
1301 N Congress Ave Suite 400				
		Address		
Boynton Beach, FL 33426				
		City/State and Zip Code		
	mail address: (to	t@goldpartypro.com be used for future annual report notificati	on)	
			ony	
For further information of	concerning this matter, please ca	li:		
Matt	hew K Zvacek	at (<u>877</u>) 72 Area Code & Daytime Te	1-8033	
Name of Person		Area Code & Daytime Te	dephone Number	
Enclosed is a check for t	he 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)	
•••		CTDEET/COMBIED	ADDRESS	

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

GBA WESTS	SHORE, LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	- 		
The Articles of Organization for this Limited Liability Company	y were filed onJanuary 15, 2010	and assigned		
Florida document numberL1000005564				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
GBA GULF	VIEW LLC			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC"	or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	9409 US Highway 19 Suite 183	<u> </u>		
	Port Richey, FL 34668	SEC 71S		
		AR SPECIAL		
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)		2 200		
		ယ္က		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		name of the nev		
registered agent and/or the new registered office address her	<u>e:</u>			
Name of New Registered Agent:				
<u> </u>				
New Registered Office Address:	New Registered Office Address: Enter Florida street address			
	, Florida			
		p 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 = M: MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
D. If amer	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	
_			
<u></u>			_ _
Dated	March 17	2010	
	Signature of a ma	ember or authorized representative of a member	
	1- 6	Matthew K Zvacek yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00