L10000019741

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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10 DEC - 2 AH II: 10
SECRETARY OF STATE
SHARESEF FLORID.

J. BRYAN

DEC - 3 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SUBJE	CT:	GDR N	Members LLC			
		Name of Limi	ted Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
			Ronald Abriola			
			Name of Person			
			GDR Members LLC		TĀ S AT	
			Firm/Company		ECRE ECRE	
		80	0 Semoran Park Drive		ASS &	,
Address			DEC -2 MII	- T		
		Wir	nter Park, Florida 32792		DEC -2 AM 11: 10 CRETARY OF STATE LANASSEE. FLORID.	j
			City/State and Zip Code		RIDA	
		E-mail address: (to be used for future annual report notific	ation)		
For furt	her information o	concerning this matter, please c	all:			
	Ro	onald Abriola	at (407) 6	557-7716		
	Name o	of Person	Area Code & Daytime	Telephone Numbe	er	
Enclose	d 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)	Certifie	ate of Status &	

MAILING ADDRESS:

TO:

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

	GDR Members LLC			
(Name of the Limited (A	Liability Company as it now app Florida Limited Liability Compan	ears on our records.)		
The Articles of Organization for this Limited L Florida document numberL10000019		February 22, 2010	and assigned	
Torida document number				
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability company	here:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Cor	npany," the designation "LI	.C" or the abbreviation	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	TADDRESS)		8 70	
		7. P. 7.		
		SEF	BY D	
Enter new mailing address, if applicable:			9 3 0	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		= = = = = = = = = = = = = = = = = = =	
			om O	
B. If amending the registered agent and/ registered agent and/or the new registered o	9	n our records, <u>enter th</u>	e name of the new	
Name of New Registered Agent:	Ronald Abriola			
New Registered Office Address:	800 Semoran Park Drive)		
	Enter Florida street address			
	Winter Park	, Florida	32792	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u> :				
MGR = Man MGRM = Ma	ager anaging Member			
<u>Title</u>	<u>Name</u>	<u>Address</u> <u>Typ</u>	e of Action	
MGR	Gary Abriola	800 Semoran Park Drive A Winter Park, Florida 32792	add emove	
			add emove	
			.dd .emove	
			.dd emove	
			dd emove	
			dd emove	
D. If amendi	ng any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)		
		SECRETARY OF STALLAHASSEE, FLOR		
Dated				
-	By Bignature of	and duly M & R M f a member or authorized representative of a member	_	
_		Ronald Abriola Typed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00