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EXAMINER

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COVER LETTER

TO:

Registration Section

Division	of Corporations		
SUBJECT:	G & B AC	QUISITIONS LLC	
	Name of Lin	nited Liability Company	in-children with children
The enclosed Artic	cles of Amendment and fee(s) are s	ubmitted for filing.	
Please return all co	orrespondence concerning this matt	er to the following:	
		Gregory Labastille	
		Name of Person	
	G	& B ACQUISITIONS LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	SEC SEC
		7333 Lazy Hill Drive	CRETARY CAHASSE
		Address	ARY SSE
		Orlando, FL 32818	TARY OF STASSEE. FLO
		City/State and Zip Code	Sta si
	greç	@gandbacquisitions.com (to be used for future annual report notification)	Y OF STATE SEE, FLORIDA
For further informa	E-mail address:		
	Gregory Labastille	at (407) 495-5	753
1	Name of Person	Area Code & Daytime Teleph	one Number
Enclosed is a check	c for the following amount:		
√ \$2 5.00 Filing F	ee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	AAILING ADDRESS:	STREET/COURIER AD	DRESS:
C	Division of Corporations 2.O. Box 6327	Division of Corporations Clifton Building	
	allahassee, FL 32314	2661 Executive Center Circ	cle

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

G & B ACQUISITIONS	LLC		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)		
The Articles of Organization for this Limited Liability Company were filed or	on05/04/2010 and assigned		
Florida document number <u>L10000047971</u> .			
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the limited liability compa	ny here:		
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	Company," the designation "LLC" or the abbreviatio		
Enter new principal offices address, if applicable:	L CR		
(Principal office address MUST BE A STREET ADDRESS)	TARY IASSE		
Enter new mailing address, if applicable:	OF STATE		
(Mailing address MAY BE A POST OFFICE BOX)	> .		
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: Name of New Registered Agent:	s on our records, <u>enter the name of the nev</u>		
New Registered Office Address:	Enter Florida street address		
	Enier rioriaa sireei aaaress		
City	, Florida 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Jeff L. Labastille	7333 Lazy Hill Drive Orlando, FL 32818	Add Remove
			A COLLANDOVE
			RRY OF Taild S Remove
D. If amend	ling any other information, enter cl	nange(s) here: (Attach additional sheets, if necessar)	
_			
 Dated	June 13th	2011	
Dated	Guarous &	Solvatile mber or authorized representative of a member	<u>·</u>
		Gregory Labastille /ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00