## 1100000099517

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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A. LUNT

OCT 18 2010

**EXAMINER** 

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## **COVER LETTER**

10:	Division of Co					
SUBJE	· ·	GNBC	Partners, LLC			
SUBJE			ited Liability Company			
The end	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.			
Please	return all corresp	ondence concerning this matter	r to the following:			
			Name of Person		75 <b>28</b> ·	
	Firm/Company				2010 OCT 15 SEGRETAR MALLAHÁSS	_
		3511	U1 →	上「「「		
			AM SE STATE EE.FLORID	C		
		P:	हिती अ			
		E-mail address: (	to be used for future annual report no	tification)		
For fur	ther information	concerning this matter, please of	eall:			
		cola Ubaldini	at (	772-5600 x25		
	Name	or rerson	Area Code & Dayt	ime Telephone Number		
Enclose	ed is a check for	the following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certified	ite of Status &	
	MAILING ADDRESS: Registration Section Division of Corporations		STREET/COUI Registration Sec Division of Corp			
P.O. Box 6327 Tallahassee, FL 32314		Box 6327	Clifton Building 2661 Executive	Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	GNBC Par	tners, LLC		
. ( <u>Na</u>	me of the Limited Liability Comp (A Florida Limited	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization	for this Limited Liability Compan	y were filed on	09/22/10	and assigned
Florida document number	L10000099517			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited lia	bility company her	<u>e</u> :	
The new name must be distingu	ishable and end with the words "Lir	nited Liability Compa	ny," the designation "	LLC" or the abbreviation
L.L.C.				74 22 22 22 22 22 22 22 22 22 22 22 22 22
Enter new principal offices	address, if applicable:			2010 SEC
(Principal office address MU	ST BE A STREET ADDRESS)		_	
				SS IS
			<del></del>	
			,	
Enter new mailing address,	if applicable:			
(Mailing address MAY BE A	POST OFFICE BOX)			
	ered agent and/or registered onew registered office address he		ur records, <u>enter</u>	the name of the nev
Name of New Regis	stered Agent:			
New Registered Off	ice Address:			
		Eni	er Florida street add	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 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:

nager lanaging Member		
Name	Address	Type of Action
Nicola Ubaldini	35111 US Hwy 19N Sutie 207 Palm Harbor, FL 34684	✓ Add Remove
Gary Ubaldini	35111 US Hwy 19N Sutie 207 Palm Harbor, FL 34684	✓ Add  Remove
Mark Olesh	12512 Loquat Way Tampa, FL 33626	✓ Add Remove
Linda Straight	630 S Gulfview Blvd Clearwater, FL 33767  change(s) here: (Attach additional sheets, if necessar	Add Remove  Add Remove
	Nicola Ubaldini	
	Anaging Member  Name  Nicola Ubaldini  Gary Ubaldini  Mark Olesh  Linda Straight  ing any other information, enter of the signature of a number of the signature of the	Name Name Address  Nicola Ubaldini 35111 US Hwy 19N Sutie 207 Palm Harbor, FL 34684  Gary Ubaldini 35111 US Hwy 19N Sutie 207 Palm Harbor, FL 34684  Mark Olesh 12512 Loquat Way Tampa, FL 33626  Linda Straight 630 S Gulfview Blvd Clearwater, FL 33767

Page 2 of 2

Filing Fee: \$25.00