## L10000116952

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DEC - 1 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations			101 29 AND
SUBJECT:	GS Be	elvedere, LLC	3
		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	·
Please return all corre	spondence concerning this matte	r to the following:	
		Tobi Greeman	
		Name of Person	
		RVS	
		Firm/Company	
		PO Box 893427	
		Address	
	To	mecula, CA 92589-34	37
	161	City/State and Zip Code	-21
	tg	greeman@gmail.com to be used for future annual rep	
	E-mail address: (	to be used for future annual rep	port notification)
For further informatio	n concerning this matter, please	call:	
<del></del>	Tobi Greeman	at (_888_)	356-8094 ext 3
Nam	ne of Person	Area Code &	z Daytime Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee`	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
. Reg	ILING ADDRESS: istration Section	Registratio	
	ision of Corporations . Box 6327	Division of Clifton Bui	Corporations ·
Tall	ahassee, FL 32314	2661 Exect	utive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** GS Belvedere, LLC

(A Florida Lim	ited Liability Company)		
The Articles of Organization for this Limited Liability Com Florida document numberL10000116952	npany were filed on November 10, 2010 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		
Enter new mailing address, if applicable:	PO Box 893427		
(Mailing address MAY BE A POST OFFICE BOX)	Temecula, CA 92589-3427		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the new</u> s <u>here</u> :		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City Zin 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>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Jean Philippe Gaudree	2936 NW 24th Terrace Boca Raton, FL 33431 US	Add Remove
<u>Mgrm</u>	Premier Beauty, LLC	PO Box 893427 Temecula, CA 92589-3427	Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	<del></del>
			_
  Dated	November 23	2010	_
	_	per or authorized representative of a member	
	Тур	Robert V. Stunkel ed or printed name of signee	

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Filing Fee: \$25.00