

L12000020206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

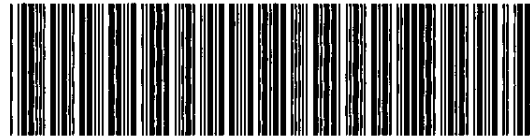
(Business Entity Name)

(Document Number)

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STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY - 2 2012

EXAMINER



250 N. Westlake Blvd. | Suite 240 | Westlake Village, CA 91362

April 24, 2012

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: G.D.V. Investments LLC

To whom it may concern:

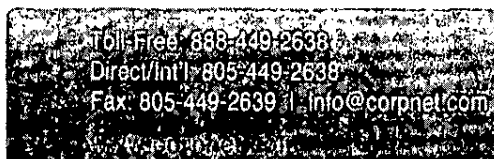
The Enclosed Articles of Amendment and Fee(s) are submitted for filing.  
Also, please find enclosed a check for state filing fees in the amount of **\$25.00**  
made payable to the FL Dept of State. For information to this filing at the  
undersigned.

Thank you in advance and please return all correspondence in regards to this filing  
using the pre addresses stamped envelope included.

Sincerely,

**Amanda J. Beren, Document Processor**  
CorpNet™, Incorporated  
888-449-2638 Ext. 105  
aberen@corpnet.com

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12 APR 30 PM 3:55  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



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

**G.D.V. Investments, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/10/2012 and assigned  
Florida document number L12000020206.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

301 13th Street

Immokalee, FL 34142

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

P.O. Box 718

Immokalee, FL 34142-34143

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, 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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Roland Rivera	P.O. Box 718 Immokalee, FL 34142-34143	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Heidy Merida	P.O. Box 718 Immokalee, FL 34142-34143	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Pablo Rivera	P.O. Box 718 Immokalee, FL 34142-34143	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

4 - 24 , 2012

Signature of a member or authorized representative of a member

Roland Rivera

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

SECTION OF STATE  
PALM BEACH, FLORIDA

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