## L1200023755

(Re	questor's Name)			
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(Cit	y/State/Zip/Phone	#)		
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MUNICIPAL OF STATE

MALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Solution of Con	ection rporations		•		
SUBJECT:	GPC REA	AL ESTATE LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	`Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
		Cesar Shlain			
		Name of Person			
	consulting & Service Solution Corp				
	Firm/Company				
	20	2020 NE 163 Street 300S			
		Address			
		Miami, FL, 33160			
		City/State and Zip Code			
	consul	Consultingsolution@bellsouth.net  E-mail address: (to be used for future annual report notification)			
For further information of	concerning this matter, please of		cations		
	esar Shlain		318-6740		
Name (	of Person	Area Code & Daytimo	: Telephone Number		
Enclosed 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ING ADDRESS:	STREET/COURIER ADDRESS: Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 OCT 29 PM 12: 35

GPC REAL E (Name of the Limited Liability Compar (A Florida Limited L		our records.)	HASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company  Florida document numberL1200023755			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company,"	the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	6000 NW 97th. A	ve # 21	
(Principal office address MUST BE A STREET ADDRESS)	Doral, FL 33178		
	V		
Enter new mailing address, if applicable:	6000 NW 97th. A	ve # 21	
(Mailing address MAY BE A POST OFFICE BOX)	Doral, FL 33178		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, <u>enter t</u>	he name of the new
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 Type of Action Title <u>Address</u> <u>Name</u> Elias Tauscher Mgr 6000 NW 97th. Ave # 21 ✓ Add Doral FL 33178 Remove ☐ Add Remove Add Remove Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) October 22 2012 Signature of a member or authorized representative of a member Manager, Audres Tauscher Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00