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EXAMINER



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SECRETARY OF STATE ALLAHASSEE, FLORID

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## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: THE GUDTU GROUP LLC  Name of Limited Liability Company							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
GWENDOLYN GAUDIUSO  Name of Person							
THE GODTU GROUP LLC Firm/Company							
B903 12 MAVE NW Address							
BRADENTON FL 34209  City/State and Zip Code							
JE-mail address: (No be used for future admual report notification)							
For further information concerning this matter, please call:							
CAUENDOUIN GAUDIUSU at (941) 725 - 4663  Name of Person Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)							

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE GODTU C	s ROUP	LLC	
(Name of the Limited Liability (A Florida L	Company as it now a imited Liability Comp	opears on our records any)	<u> </u>
The Articles of Organization for this Limited Liability Co Florida document number <u>L12</u> 00008688		7-3-12	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability compan	y here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability (	Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>		2° 5
			AR CO
Enter new mailing address, if applicable:			12 PP
(Mailing address MAY BE A POST OFFICE BOX)			F S 4: 31
	<del></del>	·	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office addr		on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	——————————————————————————————————————		
		Enter Florida stree	at address
		, Florid	
	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>	Address	Type of Action
MGRM	Tyler f. GAUDIOSO	8903 12th Avr. NW Bradenton, FL 34209	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Reπονε
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
<u> </u>		to MGRM.	
			<del></del>
	tober 2nd, 20	12.	
-	Signature of a member of	or authorized representative of a member	<del></del>
-	GWENDOLYN Typed o	r printed name of signee	*****

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Filing Fee: \$25.00