# 112000105682

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# **COVER LETTER**

Div	ision of Cor	porations		
SU <b>BJEC</b> T:	GDHINTE	RNATIONAL LLC		
SOUTECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Carlos Petitfour		
			Name of Person	
		GDH INTERNATIONAL	LLC	
			Firm/Company	
		1175 NE Miami Gardens I	Drive Apt 511E	
			Address	<u> </u>
		North Miami Beach, Fl, 33	3179	
			City/State and Zip Code	<del></del>
		gipskra@gmail.com	to be used for future annual report notifi	iontion)
For further in	nformation co	oncerning this matter, please ca	·	(Catton)
Gipskra Peti	tfour		954 678-8416 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	eheck for th	e following amount:		
<b>≘</b> \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

## MAILING ADDRESS:

Registration Section

TO:

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

GDH INTERNATIONAL 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  $\frac{08/16/2012}{1}$ \_\_\_ and assigned Florida document number 1.12000105682 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 contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

### 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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_\_\_\_, Florida \_\_\_\_\_ Zip Code If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FAVALE, TERESA	1175 NE Miami Gardens Drive 511 E. Miami, FL 33179	\ Add
			■ Remove
			□ Change
MGR	FAVALE, MARIO	1175 NE Miami Gardens Drive 511 E. Miami, FL 33179	Add
			□ Remove
			Add
			Remove
			☐ Change
		_	∩ Add
			☐ Remove
			☐ Change
		□ Remove	
			Change
			Add
			Remove
			☐ Change

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ective date, if other than the date reffective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department.	e specific and cannot be c does not meet the a	prior to date of filing pplicable statutory	or more than 90 days after	ional) er filing.) Pursuant to 605.02 iis date will not be listed
record specifies a delayed e he 90th day after the recor	effective date, bu d is filed.	t not an effectiv	⁄e time, at 12:01	a.m. on the earlier
November 18th	2019			
		) 		
		authorized represents		

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Typed or printed name of signee

Filing Fee: \$25.00