

**L13000127500**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** G AND G BUSINESS DEVELOPMENTS, 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:

ARNALDO LEDESMA

\_\_\_\_\_  
Name of Person

G AND G BUSINESS DEVELOPMENTS, LLC

\_\_\_\_\_  
Firm/Company

1200 BRICKELL AVENUE, SUITE 1600

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33131

\_\_\_\_\_  
City/State and Zip Code

ACCOUNTING@GGWORLDINVESTMENTS.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARNALDO LEDESMA

786 453-1680  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

G AND G BUSINESS DEVELOPMENTS, 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 09/09/2013 and assigned  
Florida document number L13000127500

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)

1200 BRICKELL AVENUE, SUITE 1600

MIAMI, FLORIDA 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1200 BRICKELL AVENUE, SUITE 1600

MIAMI, FLORIDA 33131

**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 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.*

**If Changing Registered Agent, Signature of New Registered Agent**

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>	<u>Address</u>	<u>Type of Action</u>
MGR	COTO, GLORIA		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GARCIA, GLORIA A.	2699 S. BAYSHORE DRIVE, SUITE 300	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	COTO, SOFIA P.	2699 S. BAYSHORE DRIVE, SUITE 300	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

10 SEP 2011  
ALLIANCE OF FLORIDA  
STATE


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U.S. DEPT. OF STATE  
WASH. DC  
FLORIDA

16 SEP - 6 AM  
STATE  
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

 Sig

Signature of a member or authorized representative of a member

ARNALDO LEDESMA

Typed or printed name of signee