

L13000/49983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

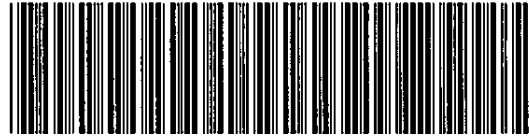
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900253670479

11/14/13--01013--020 **25.00

NOV 15 2013
T CLINE

2013 NOV 14 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TO: Registration Section
Division of Corporations

GD GROUPS INT ,LLC

SUBJECT: _____
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:

GLOVER, ARTHUR

Name of Person

GD GROUPS INT , LLC

Firm/Company

255 S ORANGE AVE STE 1800

Address

ORLANDO, FL 32801

City/State and Zip Code

gdgroups@outlook.com

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

For further information concerning this matter, please call:

GLOVER, ARTHUR

407 8795474

Name of Person

at ()

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 NOV 14 PM 1:23

FILED

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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
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

**TO
ARTICLES OF ORGANIZATION
OF**

GD GROUPS INT , 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 GD GROUPS INT ,LLC and assigned
Florida document number L13000149983.

This amendment is submitted to amend the following:

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

GD GROUPS INT , LLC

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)

255 S ORANGE AVE STE 1800

ORLANDO, FL 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

255 S ORANGE AVE STE 1800

ORLANDO, FL 32801

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:

FELIPE SANABRIA REYES

New Registered Office Address:

255 S ORANGE AVE STE 1800

Enter Florida street address

ORLANDO

Florida

32801

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.

FELIPE SANABRIA REYES

If Changing Registered Agent, Signature of New Registered Agent

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	GLOVER, ARTHUR	255 S ORANGE AVE STE 1800	<input type="checkbox"/> Add
		ORLANDO, FL 32801	<input checked="" type="checkbox"/> Remove
MGRM	FELIPE SANABRIA REYE	255 S ORANGE AVE STE 1800	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 NOV 14 PM 1:23

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

Dated 11/13, 2013.

GLOVER, ARTHUR
Signature of a member or authorized representative of a member
GLOVER, ARTHUR Arthur Glover
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 NOV 14 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED