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FEB 22 2017

COVER LETTER

TO: Registration S Division of Co				
G.B.P. End	terprise, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Giovany Buendia			
		Name of Person		
	G.B.P. Enterprise, LLC			
	···	Firm/Company		
	12515 SW 51st Street			
		Address		
	Miami, FL 33175			
		City/State and Zip Code		
	gio.buendia03@gmail.com			
	E-mail address: ((to be used for future annual report notification)		
For further information of	concerning this matter, please c	atl:		
Giovany Buendia		954 665-4495 at ()	1	
Name o	of Person	at () Area Code Daytime Telephone Number	2017 FEB	77
Enclosed is a check for t	he following amount:		855 N	F ************************************
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified (e of Status 🛭	

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.B.P. ENTERPRISE, LLC	
(<u>Name of the Limited Liability Company as it now appe</u> (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on	une 19, 2014 and assigned
Florida document number L14000098755	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>nere</u> :
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 or registered agent and/or the new registered office address here:	n our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Sr. 2
Enter Flo	orida street address
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Control of the Contro

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jorge A Aguado	12515 SW 51st Street, Miami, FL 3317 5	Add
			Remove
			Change
			Add
			☐ Remove
			Change
			🗆 Add
			□ Remove
			Change
			🗖 Add
			Remove Change Add
			Remove
			□ Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A	
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an cfl	fective 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 60: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	5.0207 ted as t
ocum	nent's effective date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed.	er of:
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	Signature of a member authorized representative of a member	
	Signature of a member of authorized representative of a member	
	Giovany Buendia	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00