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COVER LETTER

TO:	Registration Se Division of Cor									
ena n	G.B.P. Ente	erprise, LLC								
Name of Limited Liability Company										
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.							
Please	return all correspo	ndence concerning this matter	to the following:							
		Giovany Buendia								
			Name of Person							
		G.B.P. Enterprise, LLC								
			Firm/Company							
		12515 SW 51st Street								
		<u> </u>	Address							
		Miami, FL 33175								
			City/State and Zip Code							
		gio.buendia03@gmail.com								
		E-mail address; (to be used for future annual report notif	ication)						
For fu	rther information c	oncerning this matter, please co	all:							
Giovany Buendia 954 665-4495										
	Name o	f Person	at () Area Code Daytime	e Telephone Number						
Enclos	sed is a check for th	ne following amount:								
■ \$2	5.00 Filing Fee	S30.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G.B.P. ENTERPRISE, 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 June 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 here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L 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 , Florida _ Cirv

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>	Name	Address	Type of Action
AMBR	Jorge A Aguado	12515 SW 51 St Miami. FL 33165	
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Typed or printed name of signee

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