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(Re	questor's Name)	
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MAY 2 2 2015 T. BROWN

COVER LETTER

TO: Registration Section Division of Corpora	tions	. *	ët
SUBJECT: GBI		ed Liability Company	
	Name of Limit	cd Elability Company	
The enclosed Articles of Amer	ndment and fee(s) are subm	nitted for filing.	
Please return all corresponden	ce concerning this matter to	o the following:	
_	Guy	DE HAVILLAN	IDE
		Firm/Company	
_	7620 EI	MRIDGE DR	IVE
- -	BOCA RA	TON FLORIDA City/State and Zip Code	33433
_	GBUGRO E-mail address: (to	be used for future annual report notification	on)
For further information concer	ning this matter, please cal	l:	
GUY DE HA	AVILLANDE	at (<u>S61</u>) <u>797</u> Area Code Daytime Tel	8251 ephone Number
Enclosed is a check for the foll	owing amount:		
	\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTI	ICLES OF A		DMENI		
A IDOPEA	T(_	II 7 A TIAN	T	15 May 11 15
ARTIC	CLES OF O		IZATION	4/2	" " (2) " " (1) "
	Oi	r		4	The Physical States
GRI	GROUP	1	10	•	15 May 2, PM 12:20
(Name of the Limited	Liability Compar	ıy aş it nov	v appears on ou	r records.)	770376
(A	Florida Limited Li	iability Co	mpany)		RIDA
The Articles of Organization for this Limited Lial	oility Company	were file	i on <u>08 -</u>	19-2011	t and assigned
Florida document number <u> </u>	9615				
This amendment is submitted to amend the follow	ving:				
A 16	ناما لمدنينا	lite com	nomir hover		
A. If amending name, <u>enter the new name of t</u>	<u>ne umiteu mapi</u>	nty com	<u>bany nere</u> :		
The new name must be distinguishable and contain the wor	rds "Limited Liabili	ity Compar	y" the designati	ion "LLC" or the ab	breviation "L.L.C."
•		ity compai	.,, an avagnan		
Enter new principal offices address, if applical	ble:		 -		<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)				
				•	
Enter new mailing address, if applicable:		762	10 EL	<u>MRIDG</u>	E DRIVE
(Mailing address MAY BE A POST OFFICE BOX)		<u> 30</u>	<u>ca</u>	RATON	
		FL	ORIDA	33	433
B. If amending the registered agent and/o			ress on our	records, enter	the name of the new
registered agent and/or the new registered offi	ce address nere	2:			
N 6N 5 11	Guy	T	LIANINI	-ANDE	
Name of New Registered Agent:	<u>GUY</u>	<u> </u>	MAVIL	-AIVLE_	
New Registered Office Address:					
		i	Enter Florida stre	et 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>	Type of Action
MGR	SHARI R. WEINER	22745 MERIDIANA DI	✓ □ Add
	,	BOCA RATON, FL 3343	Remove
			Change
MGR	GUY DE HAVILLANDE	7620 ELMRIDGE DV	X Add
		BOCA RATON FL 33433	Remove
			☐ Change
			Add
			□ Remove
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an effe ote:	ective date is liste If the date inse	ed, the date must be spec erted in this block doe date on the Departme	cific and cannot es not meet the	be prior to date o applicable stat	f filing or more th tutory filing req	an 90 days after f	iling.) Pursuant to 6	605.02 isted
rec The	ord specifie 90th day af	s a delayed effec fter the record is	tive date, b	out not an el	ffective time	, at 12:01 a	.m. on the ear	rlier
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Page 3 of 3

Filing Fee: \$25.00