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S. YOUNG

COVER LÉTTER

Division of Con	porations				
GLOBAI	DEVELOPMENT PAR	RTNERS HOLDING LLC			
SUBJECT.	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	PRAVIN N PATEL				
		Name of Person			
	.	Firm/Company	.		
	2426 E. SEMORAN	BLVD			
		Address		7	जे
	APOPKA, FL. 3270	3			음 -
		City/State and Zip Code			rs :
	pravin.taxpro@gmai			. 14	<i>භ</i> ය
	E-mail address: (to be used for future annual report notifica	tion)		
For further information of	oncerning this matter, please c	all:		(=1,5,-	4:
PRAVIN N PATEL		407 880-1040		- 1.16 	(1)
Name o	f Person	Area Code Daytime To	elephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status	

MAILING ADDRESS:

TO:

Registration Section

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

GLOBAL DEVELOPMENT PARTNERS HOLDING 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 Florida document number <u>L14000192387</u>	y were filed on 12/12/2014	and assigned
This amendment is submitted to amend the following:		
Florida document number L14000192387 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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		
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		N = 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		§.↓ - ₩
		(1) (C)
		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
, Florida		la
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title <u>Name</u> **Address Type of Action** MGR **RAJESH M PATEL** 9009 BEACON MANOR TERRACE ■ Add BRADENTON, FL. 34212 ☐ Remove MGR SHREE PATEL 9009 BEACON MANOR TERRACE Add BRADENTON, FL. 34212 ☐ Remove □ Add Remove __□ Add≟□\Remove ☐ Remove _ Add ☐ Remove

). If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessar	ry.)
•		
		
Effective da (The effective of the date this d	ate, if other than the date of filing: date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State))
DEC	CEMBER 22nd 2014	
Dated DEC		
	Privin Patil	
_	Signature of a member or authorized representative of a member	
F	PRAVIN N PATEL	
_	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00