

LS000057016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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10/05/15--01017--001 **25.00

16 FEB - 8 PM 2:09
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FEB 09 2016

WALKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2015

GREGORY GOYINS
138 SW 12TH AVE
DELRAY BEACH, FL 33444 US

SUBJECT: GMPD ENTERPRISES, LLC
Ref. Number: L15000057016

We have received your document for GMPD ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 115A00021358

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GMPD ENTERPRISES, LLC
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:

ASHLEY KLEBBA
Name of Person

GMPD ENTERPRISES
Firm/Company

7100 WEST CAMINO REAL SUITE 408
Address

BOCA RATON, FL. 33433
City/State and Zip Code

A.KLEBBA@ETCFL.COM
E-mail address: (to be used for future annual report notification)

2016 FEB -8 PM 2:39
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ASHLEY KLEBBA at (561) 800-5015
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee
ON FILE
W/ YASEMIN
SULKER | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

GMPD ENTERPRISES, 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 3/31/2015 and assigned Florida document number L15000057010.

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.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7100 WEST CAMINO REAL SUITE 408

BOCA RATON, FL. 33433

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7100 WEST CAMINO REAL SUITE 408

BOCA RATON, FL. 33433

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
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>	<u>Type of Action</u>
MMGR	GOWINS, GREGORY	138 SW 12 TH AVE.	<input type="checkbox"/> Add
		DELRAY BEACH, FL. 33444	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMGR	NUSSBAUM, MIKE	536 DOLPHIN DR.	<input type="checkbox"/> Add
		DELRAY BEACH, FL. 33444	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMGR	LANE, PATRICK	4 JOYCE STREET	<input type="checkbox"/> Add
		CHELMSFORD, MA 01824	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMGR	CETRULO, DENISE	263 SW RIDGECREST DR.	<input type="checkbox"/> Add
		PORT SAINT LUCIE, FL. 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMGR	KLEBBA, ASHLEY	427 CHEYENNE DR.	<input checked="" type="checkbox"/> Add
		LANTANA, FL. 33462	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMGR	MURRAY, PATRICK	3483 S. FEDERAL HWY # 200	<input checked="" type="checkbox"/> Add
		BRYNTON BEACH, FL. 33435	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 FEB - 6 PM 2
MIL AIRCRAFT


16 FEB - 6 PM 2:10

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated FEB 5th, 2016


Signature of a member or authorized representative of a member

GREGORY D GOYINIS

Typed or printed name of signee