L15000089986

(Requ	uestor's Name)	,
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
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(Docu	ument Number)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

SECRETARY OF STATE DIVISION OF CORPORATION 15 MAY 28 PM 4: 28

MAY 29 2015

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COVER LETTER

TO: Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Cor	porations				
GDP EXPO					
SUBJECT:	Name of Lim				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Domingo Abinader				
Name of Person					
AB Multi Services and Income Taxes LLC					
		Firm/Company	<u> </u>		
8751 Commodity Cir Suite 7					
Address					
	Orlando, FL 32819				
		City/State and Zip Code			
	abmultiservices l@yahoo.co				
		to be used for future annual report not	ification)		
For further information c	oncerning this matter, please ca	all:			
Domingo Abinader		407 601-6524			
Name o	f Person		ne Telephone 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	te of Status &	
MAILING ADDRESS: Registration Section		STREET/COURIER ADDRESS: Registration Section		PH 4: 2 OF STATE E. FLORIC	
Division of Corporations P.O. Box 6327		Division of Corpo Clifton Building	Division of Corporations Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GDP EXPORT LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 05/21/2015	and assigned
Florida document number L15000089986		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
GDR Expo LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TO SE
Principal office address MUST BE A STREET ADDR	(ESS)	一世 まる
		ARE AY
		SEE B CCREE
Enter new mailing address, if applicable:		유 공 경우다
(Mailing address MAY BE A POST OFFICE BOX)		ST 4:
<u>,</u>		28 元
		77
B. If amending the registered agent and/or regist	tered office address on our records.	enter the name of the n
egistered agent and/or the new registered office addr		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		-
·	, Floric	da Zip Code
		zip couc

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
···			Add
			Remove
			□ Change
			Add
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
			SECRETA DIVISION OF 15 HAY 2 SECRETA FALLAHA
			TARY OF CORF
			ARY OF STATE OF STAT
			Remove
			□ Change

D. If amending any other inform	mation, enter cha	ange(s) here: (A	ttach additional si	neets, if necessary	r.)		
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E. Effective date, if other than a (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	s block does not me	eet the applicable	ac or mind or more ma	(optional) n 90 days after filing. irements, this date) Pursuant 1	to 605.0 e listed	207 (3)(b) I as the
If the record specifies a dela (b) The 90th day after the		ate, but not ar	effective time,	at 12:01 a.m.	on the ϵ	earlier	of:
May 22		2015			SE 3S	귥	SEIVISI
Dated Way 22					£ E E E E	MAY	ION (
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1	Signature oila m		I representative of a m	ешбег	는 당 (H)RPO
GIANNINA RENG		AZA Typed or printed na	me of signee			- -	STAT RATI

Page 3 of 3

Filing Fee: \$25.00