# 115000108075

| (Re                     | equestor's Name)       |                                       |
|-------------------------|------------------------|---------------------------------------|
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| (Cit                    | ty/State/Zip/Phone     | e #)                                  |
| PICK-UP                 | ☐ WAIT                 | MAIL                                  |
| (Ви                     | siness Entity Nan      | ne)                                   |
|                         |                        |                                       |
| (Do                     | ocument Number)        |                                       |
| Certified Copies        | Certificates of Status |                                       |
| Special Instructions to | Filing Officer:        |                                       |
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FILEU 15 JUL 23 PH 4: 17 SECRETARY OF STATE

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### **COVER LETTER**

| SUBJECT: GHD Developments (LC  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:   |
| AND Cautalle<br>Name of Person  |
| Firm/Company  |
|   |
| Homestled, Fl. 33025  |
| City/State and Zip Code  505. Sautal / a a quai/ . C qui  E-mail address (to be used for future annual report notification) |
|   |
|   |
| □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee,   |
| (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



RECEIVED

15 JUL 23 PH 3: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations

July 15, 2015

ANA SANTAELLE 1661 SE 23 ST HOMESTEAD, FL 33035

SUBJECT: GHD DEVELOPMENTS LLC

Ref. Number: L15000108075

We have received your document for GHD DEVELOPMENTS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Are you adding PICINE C.A. and MARACAIBO-EDO.ZULIA? If you are what is the title of the other name?

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.

Tammy Hampton Regulatory Specialist III

Letter Number: 115A00014766

## ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION OF**

| GHD Develop   | nent 11e   |                                 |
|---|--|---------------------------------|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited I  | ny as it now appears on our reco<br>Liability Company) | ords.)                          |
| The Articles of Organization for this Limited Liability Company Florida document number <u>LL5000 1080</u> 35           | were filed on Time h                                   | 2, 2015 and assigned            |
| This amendment is submitted to amend the following:   |  |                                 |
| A. If amending name, <u>enter the new name of the limited liab</u>  | ility company here:                                    |                                 |
| The new name must be distinguishable and contain the words "Limited Liabil  | lity Company," the designation "L                      | LC" or the abbreviation "L.L C" |
| Enter new principal offices address, if applicable:   |  | TSE 5                           |
| (Principal office address MUST BE A STREET ADDRESS)   | NA   | 23                              |
| Enter new mailing address, if applicable:   | 4 4  | PH F.                           |
| Mailing address MAY BE A POST OFFICE BOX)   |  | RITE                            |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here |  | rds, enter the name of the new  |
| Name of New Registered Agent:   | 4 4  |                                 |
| New Registered Office Address:  | N 10<br>Enter Florida street add                       | ress                            |
|   | 7  | Florida                         |
|   | City   | Zıp 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

| MGR PICINE C.A.  AVE.15 Delicias com  Calle 70 Edif. GRM Hotel  Delicias PB  MARACAIDO - Edo. Zulia |              |
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| fective<br>an effec | e date, if other than the date of filing:  | nal)<br>filing \ Pursu | ant to 6   | 05 D20      |
| <u>ote:</u> lf      | the date inserted in this block does not meet the applicable statutory filing requirements, this                   | date will no           | ot be li   | sted a      |
| ocumen              | it's effective date on the Department of State's records.  |                        |            |             |
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| THE J               | oth day after the record is filed.   |                        |            |             |
| استند               | 7/6/ 2015  |                        |            |             |
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|                     | Signature of a member or authorized representative of a member   | H.                     | = ;        | ي<br>همولند |
|                     |  | ASS<br>ASS             | 23         |             |
|                     | LDANIEL FRANCESCHI   | SEE.                   | PH         | 1           |
|                     | Typed or printed name of signee  | FS                     | Ţ.         |             |
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Page 3 of 3

Filing Fee: \$25.00