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☐ PICK-UP

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16 MAY 19 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 20 2016  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GIPASS 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:

JOSE ALFONZO

\_\_\_\_\_  
Name of Person

JRAD 1968 GROUP LLC

\_\_\_\_\_  
Firm/Company

8180 NW 36S ST SUITE 321

\_\_\_\_\_  
Address

MIAMI,FL,33166

\_\_\_\_\_  
City/State and Zip Code

JALFONZO@ALLBUSINESSCONNECTIONS.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIANFRANCO PARISI

954

496-4106

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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

GIPASS LLC

Page 1 of 3

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>                   |
|--------------|-----------------|-----------------|---|
| MGR          | POWER, MORRIS R | 9773 NW 49 TERR | <input checked="" type="checkbox"/> Add |
|              |                 | DORAL, FL 33178 | <input type="checkbox"/> Remove         |
|              |                 |                 | <input type="checkbox"/> Change         |
|              |                 |                 | <input type="checkbox"/> Add            |
|              |                 |                 | <input type="checkbox"/> Remove         |
|              |                 |                 | <input type="checkbox"/> Change         |
|              |                 |                 | <input type="checkbox"/> Add            |
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|              |                 |                 | <input type="checkbox"/> Change         |

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

PLEASE INCLUDE EIN NUMBER : 81-2559339

[illegible]

**E. Effective date, if other than the date of filing:** 05/13/2016 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 MAY, 13 2016

*Angela B. B. B.*  
Signature of \_\_\_\_\_

Signature of a member or authorized representative of a member

PARISI, GIANFRANCO J

Typed or printed name of signee

**SECRET**

16 MAY 19 PM 1:55

SECRETARY OF STATE  
WASHINGTON, D.C.  
FLORIDA