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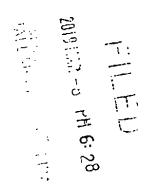
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Division of Corp		•	
SUBJECT:	GDA	1 11C	
SUBJECT:	Name of Lin	nited Liability Company	· · · · · ·
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Ó	Name of Person	
		Name of Person	
		GDN LLC	
		Firm/Company	
	10415 /2	xton St. Address	
	Orland	City/State and Zip Code MSN_COM (to be used for future annual report notif	
		City/State and Zip Code	
	E-mail address:	(to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c		·
Gabriel	Vasquez	at (<u>407</u>) 4602 Area Code Daytime	497
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
\$\overline{\ov	□ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GDN	LLC
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number \(\(\textit{L}\)/7002044	ity Company were filed on $10/03/17$ and assigned 34 .
This amendment is submitted to amend the following	g:
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	<u> </u>
(Principal office address MUST BE A STREET A)	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
	<u> </u>
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on our records, enter the name of the new 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>	Address	Type of Action
AMBR	Eder Moreno	4997 Hook Hollow Cir	⊠ Add
		orlandi, Fl 3283	☐ Remove
			Change
			Add
			□ Remove
			D Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			□ Remove
			Change
			Add
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Remove
			Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	tive date, if other than the date of filing: (optional)
	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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
i) In	e 90th day after the record is filed.
Date	1 03:05/19
	1. 12
	Signature of a member or authorized representative of a member
	CAPLIEL VASQUEZ. Typed or printed name of signce
	GABRIEL VASQUEZ
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00