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COVER LETTER

TO:	Registration Section Division of Corpor			
SUBJI	ест: С	BP GV 1 Name of L	LLC imited Liability Company	
The en	closed Articles of Am	endment and fee(s) are s	ubmitted for filing.	
Please	return all corresponde	nce concerning this matt	er to the following:	
		Ke	yla D' Pao Name of Person	la.
			Name of Person ONSUITEAM Firm/Company	LLC
		2600	S Youglas R	<u>od :</u>
		Coral	City/State and Zip Code G. Apala & g. (to be lessed for future annual em	da 33134.
	-	Key10	i. dpaola@g.	mail.an
For fur	ther information conce	erning this matter, please	call:	
	Keyla D 1 Name of Per	Paola	at (<u>30T</u>)	107659 Daytime Telephone Number
Enclose	ed is a check for the fe	llowing amount:		
\$25	i.00 Filing Fee E	330.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	☐ \$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
Talluhassec, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GBP GV I	LLC
(Name of the Limited Liabi (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document numberL 1 7 000 Z62	Company were filed on $12/27/2017$ and assigned 3184
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited 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 ADD	DRESS) = = = = = = = = = = = = = = = = = =
Enter new mailing address, if applicable:	- 2 TARE - 2
(Mailing address MAY BE A POST OFFICE BOX)	
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	ů Ş.
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, <u>enter the name of the ne</u> <u>idress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Naw Pagistarad Agent's Signature, if changing Pagistar	

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 Type of Action Title Address Name MGR Global Business 465 Blickell Avenue DAdd Miami FL 3313) _ Change MGR Sean Claude Vera 465 Brickell Ave XAdd Mami Fl 33131 _ Change _□ Add □ Remove ☐ Change □ Add ____ □ Remove ☐ Change _□ Change 🔲 Add ____ Remove

_____ Change

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Effecti	ve date, if	other th	an the da	ate of filing: (optional)
Note:	If the date in	serted i	n this blocl	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 k does not meet the applicable statutory filing requirements, this date will not be listed a artiment of State's records.
docum	int s cricetiv	¢ daic t	ni the Depa	artificity of State 5 records.
	ord specif 90th day			effective date, but not an effective time, at 12:01 a.m. on the earlier of
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Dated_	06/	75	12013	<u>8.</u>
				Jan adlan
			Sı	gnature of a member or authorized representative of a member
				Jean Claude Vera.

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Filing Fee: \$25.00