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### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: 6DA CONTOLLIC		
Name of Li	mited Liability Company	-
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Gregg ?	Amara Name of Person	_
<u>604</u> C	apital LLC Firm/Company	
2562 W J	Indiantown Rd Scite 4	· -
Jupiter F	Florida 33458 City/State and Nip Code	_ :
greya, wyara	(to be used for future annual report notification)	
For further information concerning this matter, please of	call:	
Grego Amaral Name of Person	at (501) 596-6992  Area Code Daytime Telephone Numb	<del></del>
Enclosed is a check for the following amount:		
S \$25.00 Filing Fee	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Mailing Address: Registration Section	Street Address: Revistration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GDA Capital (	LC	
( <u>Name of the Limited Liability Comp.</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number \(\begin{align*}\text{L\SOO\03546}\).		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
GDA Capital & Development L.C.	-C	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2562 W. Indiantour	1 Kard
(Principal office address MUST BE A STREET ADDRESS)	Suite 4 Japter FL 33	5454
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2526 2562 W. In Copte 4 Jyster, FI	diantown Boxid
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		· ,
	Enter Florida street address	:
	Florida	
	City	i 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
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			□Remove
			□Remove
			☐Change
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			□Remove
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