## L20000338868

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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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## **COVER LETTER**

TO: Registration Sect Division of Corpo				
SUBJECT: <u>GB</u>	WILDING GRO Name of Limi	NP UC ted Liability Company		
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	CATTUR	J GRIPPO Name of Person		_
	GCB BINL	Pirm/Company	uc	_
	3191 S. DIX	JE HWY AF	7,517	_
	WEST PALM	RENCH FL City/State and Zip Code	33405	_
	NUME SE E-mail address: (1	CBBULANGE to be used for future annual re	ROP CM	
For further information con	cerning this matter, please ca	all:		
Nichas GR Name of F	APPO Person	at ( <u>\(\J\)</u> ) Area Code	873-547\ Daytime Telephone Number	er
Enclosed is a check for the	following amount:			
<b>V1 525.00</b> Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certifie	ate of Status &
Mulling Address		Stroot Add	Pace.	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

GIR RIVEDULG GOAD III

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L7000338868</u> .	any were filed on \( 10 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
This amendment is submitted to amend the following:	
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 I.	Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3191 S. DIXIE HWY, APT 512
(Principal office address MUST BE A STREET ADDRESS	WEST PALM BEACH, FI 33405
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3191 S. DIXIE HWY, APT 512 WEST BALM BEACH, FL 33405
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:  Name of New Registered Agent:	ice address on our records, enter the name of the new registere
<b>⇒</b> \(1)	5, PIXE HUY APT 512
New Registered Office Address: 5141	Enter Florida street address
	PAM BEACH Florida 33405  City Zip Codes
New Registered Agent's Signature, if changing Registered Ag	ent:

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, Signatur 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	DEIN BIDNIEU	8500 LEGEND (LUB DR	□Add
		WEST PALM BEACH, FL 334	Z Decemove
			□Change
AMER	EMFER PAVE	4523 CADIZ GRELE	_
		PALM BEACH FARRENS, FL	33418 Remove
			□Change
AMBR	CATTUN GRAPO	3191 S. DIXLE HUY, APTS	12_1xdd
		WEST PALMBERCH, FL 384	Æ □Remove
			□ Change
AMBR	HELEN DIOPENTO	42 SOMERSET DRIVE	
		HOBROCK, NY 11741	□Remove
		<u> </u>	☐ Change
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			Remove
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