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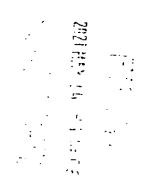
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Certified Copies	_ Certificates of	of Status
		
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	GN Vada Name of Lin	Nertures nited Ligbility Company	, LLC.
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Debre (Name of Person	
	<u>Chess</u> le	Firm/Company	, <u>UC</u> , <u>B</u>
	50 Cent	Address	•
	SARC 507	City/State and Zip Code	
	debre @ C	Messled holding to be used for future annual report notion	fication)
For further information c	oncerning this matter, please ca	all:	
Depore Name o			- 0385 e Telephone Number
Enclosed is a check for the	Sees of Amendment and fee(s) are submitted for filing. Some of Limited Lifelity Company Seles of Amendment and fee(s) are submitted for filing. Some of Person Chest Lac		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

(Name of the Limited Liability Company as it n (A Florida Limited Liability Company)	ow appears on our records.)
The Articles of Organization for this Limited Liability Company were fill Florida document number L20036	1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain as words "Limited Liability Compa	, LLC
The new name must be distinguishable and contain the words "Limited Liability Compi	any," the designation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	· · · · · · · · · · · · · · · · · · ·
	ny .
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Classida.
City	, Florida 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.

City

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
				_ □Add
				_ □Remove
				_ □Change
	 			_ □Add
				_ □Remove
		<u></u>		_ □Change
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		~	=	_ ⊟Remove
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fective date, if other offective date is listented to the date in secument's effective of the date in	rted in this block do	oes not meet the	applicable statu	filing or more than ⁹ story filing require	(optiona 0 days after filir ements, this da	ig.) Pursuant	t to 605.024 be listed t
ecord specifies a de is filed.	layed effective date.	, but not an effe	ctive time, at 12	:01 a.m. on the ea	rlier of: (b)	The 90th da	y after th
ted							