



State of Rhode Island  
Department of State - Business Services Division

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2021 JUN -4 P 1:01

### Certificate of Amendment to Application for Registration

FOREIGN Limited Partnership

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-13-52, the undersigned foreign limited partnership hereby submits the following Certificate of Amendment:

1. Entity ID Number: 001719693	2. The name of the partnership is: GDBA-ES LP
3. A Certificate of Registration was issued to the limited partnership by the RI Department of State, authorizing 10/30/2020 it to conduct affairs in Rhode Island on:	
4. If the entity's name has changed, state the new name:  <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
4a. The entity's name, if different, under which it proposed to register and transact business in Rhode Island is:	
5. If the entity's purpose is changing complete the following section: <i>*The new purpose should include ALL activity to be transacted in the State of Rhode Island.</i>  <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input checked="" type="checkbox"/></div>	
6. If the required address of the office to be maintained in the state or country of its organization has changed, complete the following section:  <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
7. If the address of the office at which is kept a list of the names and addresses of the limited partners and their capital contributions has changed, complete the following section:  <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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BY AM6BN

FORM 352 - Revised: 08/2020

8. If the mailing address has changed complete the following section:

Check the box to indicate no change

9. If there is a change in the general partners complete the following section.

\*List ALL general partners as of this amendment

NAME	ADDRESS
GDBA-ES GP, Inc	350 N. Glendale Ave #517 Glendale, CA 91206

Check the box to indicate an attachment

Check the box to indicate no change

10. If additional provisions have been added or amended, complete the following section:

Check the box to indicate an attachment

Check the box to indicate no change

11. As required by RIGL 7-13-69, the partnership has paid all fees and taxes.

12. Except as herein modified, the original Application for Registration continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Certificate of Amendment to the Application for Registration.

*Under penalty of perjury, I declare and affirm that I have examined this Certificate of Amendment to Application for Registration of a Foreign Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.*

Print or Type Exact Name of Limited Partnership

GDBA-ES LP

Print or Type Name of General Partner

Morgan Stevens - CEO of GDBA-ES GP, Inc.

Date

06/02/2021

Signature of General Partner





State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

June 04, 2021 01:01 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

