

L03000038596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

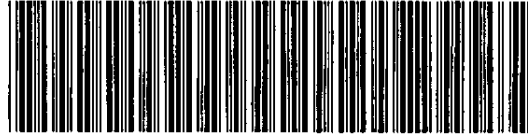
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

member must sign
6206

Office Use Only



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04/27/15--01012--016 **25.00

FILED
15 JUN -1 PM 4:55
SEC
FALLAPPA, VA

Amendment

JUN 15 2015

D. CLISHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GM Capital Management LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Helen Giacomah

Name of Person

GM Capital Management LLC

Firm/Company

3015 S Ocean Blvd 8B

Address

Highland Beach , FL 33487

City/State and Zip Code

giacomah@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Helen Giacomah

at 561 2720114

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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
Tallahassee, FL 32301

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15 JUN -1 PM 4:55
REGISTRATION SECTION



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2015

HELEN GIACOMA
GM CAPITAL MANAGEMENT LLC
3015 S OCEAN BLVD 8B
HIGHLAND BEACH, FL 33487

SUBJECT: GM CAPITAL MANAGEMENT LLC
Ref. Number: L03000038596

We have received your document for GM CAPITAL MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 715A00009518

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15 JUN - 1 PM 1:45

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GM Capital Management LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/28/04

and assigned

Florida document number L03000038596

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FILED
15 JUN - 11 PM 4:55
CLERK OF COURT
JULY 15 2004

(Principal office address MUST BE A STREET ADDRESS)

Enter new principal offices address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Enter new mailing address, if applicable:

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Bruce M Giamoma

New Registered Office Address:

Enter Florida street address

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

5/26/15

Bm

Signature of a member or authorized representative of a member

BRUCE GIACOMA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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