Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GCGP SERVICES LLC

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A. LUNT

1/2/2019

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COVER LETTER

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מילעות מדונים		RVICES LLC			
SUBJECT	· :	Name of Lim	ited Lisbility Company	F	
		Amendment and fee(s) are sub			
		Cheyenne Moseley			
			Name of Person		-
		Legalzoom.com, Inc.			
			Firm/Сопрвлу		
		101 N. Brand Blvd., 11t	h Floor		19 12 -2
			Address		
		Glendale, CA 91203			SSE TO
		jagc1983@gmail.com	City/State and Zip Code		8.6
			to be used for future annual rep	port notification)	<u> </u>
For further	r information c	oncerning this matter, please c	aU:		
Cheyenn	e Moseley		800 773-	0888 ext. 9724	
	Name o	f Person	Area Code	Daytime Telephone Number	<u> </u>
Enclosed i	s a check for th	ne following amount:			
\$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos)	ed) Certified	ite of Status &
	Registr	ING ADDRESS: ation Section in of Corporations	Registration	Corporations	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 3230 i

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GCGP SERVICES LLC		
(Name of the Limited Liability Compa (A Florida Limited	(ny as It now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.18000276744	were filed on ar	id assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	2413 Main Street Stc.142	
(Principal office address MUST BE A STREET ADDRESS)	Miramar, FL 33025 Broward County	6
		- 3
Enter new mailing address, if applicable:	2413 Main Street Ste.142	22
(Mailing address MAY BE A POST OFFICE BOX)	Miramar, FL 33025 Broward County	C.C. 20
		5 J
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		ame of the n
New Registered Office Address:	Emer Florida street address	
	, Florida	
	City Zip	Code
New Registered Agent's Signature, if changing Registered Agent:	i e	
New Registered Agent's Signature, if changing Registered Agent:	City Zip	Code

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
AMBR	JOSE A GONZALEZ	15005 SW 8TH TER.	
		MIAMI, FL 33194	☑ Remove
AMBR	PATRICIA GUERRA-PEREZ	15005 SW 8TH TER.	
		MIAMI, FL 33194	⊿ Remove
MGR	JOSE A GONZALEZ	15005 SW 8TH TER.	d
		MIAMI, FL 33194	A Remove
MGR.	JOSE A GONZALEZ	2413 Main Street Stc.142	# 8: 55
		Miramar, FL 33025 Broward County	□ Remove
AMBR	JOSE A GONZALEZ	2413 Main Street Ste.142	☑ Add
		Miramar, FL 33025 Broward County	☐ Remove
AMBR	PATRICIA GUERRA-PEREZ	2413 Main Street Ste.142	☑ Add
		Miramar, FL 33025 Broward County	□ Remove

If amending any other information, enter change(s) here: (Attach ad	lditional sheets, if necessary.)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State)	(optional) unot be more than 90 days after
Dated 12/30/2018 ,	
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	tative of a member

Page 3 of 3

Filing Fee: \$25.00

