## L21000246224

| Robin                   | Requestor's Name)       |
|-------------------------|-------------------------|
| 2412 Wil                | Low Way                 |
|                         | (Address)               |
| Round Ro                | City/State/Zip/Phone #) |
| PICK-UP                 | WAIT MAIL               |
|                         | Business Entity Name)   |
| (                       | Document Number)        |
| Certified Copies        | Certificates of Status  |
| Special Instructions to | Filing Officer:         |
|                         | J. HORNE                |
|                         | OCT - 4 2022            |
|                         |                         |
|                         | Office Use Only         |



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2022 OCT -3 PH 1:57

## **COVER LETTER**

| Division of Cor            |   |   |   |
|----------------------------|---|---|---|
| SUBJECT:                   | GCFIII.   | LLC   |   |
|                            | Name of Limi                                    | ited Liability Company  |   |
|                            |   |   |   |
| The enclosed Articles of   | Amendment and fee(s) are sub-                   | mitted for filing.  |   |
| Please return all correspo | ndence concerning this matter                   | to the following:   |   |
|                            | D Ro  | Same of Person  |   |
|                            | C   | Name of Person  |   |
|                            | 6CF   | Firm/Company  |   |
|                            | 7901 yth  | St N, Ste   | 300   |
|                            | _St Peters!                                     | City/State and Zip Code   | 702   |
|                            |   | Fabriaus 1 O G  |   |
| For further information c  | oncerning this matter, please ca                | all:  |   |
| Robin                      | Brain   | 38 <b>6</b> 212   | 5221  |
| Name o                     | l Person  | Area Code Daytim  | e Telephone Number  |
| Enclosed is a check for th | ne following amount:                            |   |   |
| □ \$25,00 Filing Fee       | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | S60,00 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 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 now appear  | 2022 OCT - 3 FM 12: 42 |
| (Name of the Limited Liability Company as it now appear<br>(A Florida Limited Liability Company) | s on our records       |

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ and assigned Florida document number L2 1000246224 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 Liability Company," 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: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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 |
|--------------|---------------|---------------------------------------|----------------|
| AMBR         | Andrew Wilmot | 1819 Hanover Dr                       | □∧dd           |
|              |               | 1819 Honover Dr<br>Richardson X758    | Remove         |
|              |               |                                       | □Change        |
|              |               | ,                                     | □Add           |
|              |               |                                       | □Remove        |
|              |               |                                       | □Change        |
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|              | <del></del>   | · · · · · · · · · · · · · · · · · · · | □Add           |
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|              |               |                                       | □C'hanga       |

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| an effectiv<br>ote: If the | date, if other than the date of filing:  9-30-20  (optional)  re date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a seffective date on the Department of State's records. |
| record sp<br>Lis filed.    | ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the   |
| ated                       | 9-30-2022  |
|                            | Signature of a member or authorized representative of a member   |
|                            |  |