06/30/2014

02:21 **Division of Corporations**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : NICI LAW FIRM, P.L.

Account Number : I20110000008

Phone Fax Number : (239)449-6150 : (877)646-0560

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Email	Address:			

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GC Investment 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 October 19, 2012 and assigned Florida document numberL12000133442						
This amendment is submitted to amend the follow		286 L				
A. If amending name, enter the new name of t	ne iimitea iiabi	mty company nere:				
The new name must be distinguishable and end with the wa	ords "Limited Liab	ility Company," the designation "LLC" or the a	bbreviation "L.I	"C."		
Enter new principal offices address, if applical	ble:	3290 Hamlet Drive, #2		5		
(Principal office address MUST BE A STREET	ADDRESS)	Naples, FL 34105		<u> </u>		
				<u> 유규</u> ㅠ		
Enter new mailing address, if applicable:	3290 Hamlet Drive, #2	- 말	080 E			
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	Naples, FL 34105	= :	25		
		·		<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi			the name o	f the new		
Name of New Registered Agent:	me of New Registered Agent: James R. Nici					
New Registered Office Address: c/o Nici Law Firm, 1185 Immokalee Road, Suit			Suite 110	· 		
	Naples	, Florida <u>34</u>	110			
		City	Zip Code			
New Registered Agent's Signature, if changing Ro	gistered Agent:					
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this cannot be acceptable to the company has been notified in writing of this cannot be acceptable to the company has been notified in writing of the company has been notified in writing	r and complete lered agent as p egistered office hange	performance of my duties, and I am for provided for in Chapter 605, F.S. Or,	amiliar with if this docun uited liability	and tent is		

MGR = Manager

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ling the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> red Member being added or removed from our records:

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	Gail Cox	3290 Hamlet Drive	□ Add
		Naples, FL 34105	■ Remove
MGR	Gail C. Cox	3290 Hamlet Drive, #2	■ Add
		Naples, FL 34105	Remove
			SELGE ARY OF SEAR DIVISION OF COSPECTATIONS Add - PH 42 Remove
			□ Remove □ Add □ Remove

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D. If amo	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)						
	Gail Cox is bei	-					
-						-	
-						-	
-							
-					•		
		than the date of filing: ecific, cannot be prior to date of read by the Florida Department of Sta		date and cannot be more than	(optional) 90 days after		
Dated	June 30		014	· A e m			
				In R Min		<u></u>	
	James	v	r or authoriz	ed representative of a membe	:		
							

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