L10000019461

(Re	questor's Name)	
(Ade	dress)	
(Add	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

Division of Cor	porations		
subject: 4#8	SRCO LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Michelle E. Winiecki		
		Name of Person	
	GCP Management LLC		
		Firm/Company	
	2801 Fruitville Road Suite	240	
		Address	
	Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: Michelle E. Winiecki Name of Person GCP Management LLC Firm/Company 2801 Fruitville Road Suite 240 Address Sarasota FL 34237 City/State and Zip Code michelle@gcpmgt.com E-mail address: (to be used for future annual report notification) at concerning this matter, please call: 2 of Person at (941) 554-8958 Area Code) Daytime Telephone Number		
		City/State and Zip Code	
	Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: Michelle E. Winiecki Name of Person GCP Management LLC Firm/Company 2801 Fruitville Road Suite 240 Address Sarasota FL 34237 City/State and Zip Code michelle@gcpmgt.com E-mail address: (to be used for future annual report notification) concerning this matter, pleuse call: at (4) 554-8958 Area Code The following amount: \$\frac{941}{4}\$\$\$ \$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$\frac{960.00 Filing Fee}{2}\$\$\$ Certified Copy (additional copy is enclosed)		
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please c	all:	
Michelle E. Winiecki			
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

468 SRCO LLC			
(Name of the Limited Liability (A Florida Li	Company as it now appears imited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Con	npany were filed on \$	52.22 ZOI4	and assigned
Florida document number L1004019461			
This amendment is submitted to amend the following:	•		
this amendment is submitted to amend the following.			
A. If amending name, <u>enter the new name of the limite</u>	d liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the des	signation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			7 1
			16
	·		
B. If amending the registered agent and/or register		our records, <u>ent</u>	
registered agent and/or the new registered office addre	ss here:		
Name of New Registered Agent:			3 3 3 3 3 3 3 3 3 3
New Registered Office Address:			æ.
	Enter Florid	la street address	
		, Florida	•
	City	,	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 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
MGR	George C Perreault	2801 Fruitville Road Suite 240	
		Sarasota Florida 34237	■ Remove
			☐ Change
MGR	George C Perreault Living Trust	2801 Fruitville Road Suite 240	Add
		Sarasota Florida 34237	Remove
			Change
			□ Add
			☐ Remove
			Change
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T3 66	07.07.2016			·
If an ef Note:	(optional) (ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date vient's effective date on the Department of State's records.	Pursuant vill not b	ស្ ទ 05.0 e fisted)207 (l as t
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 90th day after the record is filed.	on the ϵ	earlier	r of:
Dated				
Dated	1 may make .	***	_	
Dated	Signature of a member or authorized representative of a member	-11-17-	_	

Page 3 of 3

Filing Fee: \$25.00