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A Millor

COVER LETTER

SUBJECT: GNIC LUP Name of Florida Limited Partnership or Limited Liability Limited Partnership The enclosed Certificate of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: ZACHARL A. SWITH Kontact Person GNIC Firm/Company 509 NORTH FOINT ROAD Address ST. ANGUSTING, FL 32094 City. State and Zip Code ZACKGATOR DAOL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ZACHARLA A. SMITH at (904) 382 - 2019 Name of Codtact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: SS2.50 Filing Fee S61.25 Filing Fee and Certified Copy and Certificate of Status STREET ADDRESS: MAILING ADDRESS:
The enclosed Certificate of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Zachary A. Swith Kontact Person GNIC
Please return all correspondence concerning this matter to: Zachang A. Swith Contact Person GNIC
ZACHARY A. SWITH Contact Person GNIC Firm/Company 509 North Point Road Address St. Augusting, Fl 32084 City, State and Zip Code Zackgator Da Aol. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Zachary A. Swith at (904) 382-2019 Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: Status STREET ADDRESS: MAILING ADDRESS:
Firm/Company 509 North Point Road Address St. Augusting, FL 32084 City, State and Zip Code Zackegator Danuel Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Zachary A. Smith at (904) 382-2019 Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: VS52.50 Filing Fee S61.25 Filing Fee and Certified Copy and Certificate of Status STREET ADDRESS: MAILING ADDRESS:
ST. AUBUSTINE, FL 32004 City, State and Zip Code ZACKGATOR DAOL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ZACHARY A: SWITH at (904) 382-2019 Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: V\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status STREET ADDRESS: MAILING ADDRESS:
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Rachard A. Smith at (904) 382-2019 Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: S52.50 Filing Fee S61.25 Filing Fee and Certificate of Status STREET ADDRESS: MAILING ADDRESS:
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Registration Section Registration Section
Division of Corporations Division of Corporations Division of Corporations
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

CHECHIP		500 7
GNIC LLLY Insert name currently	y on file with Florida Department of State	- 10 S. O.
Pursuant to the provisions of section 620.120 imited liability limited partnership, whose compacts (6, 2017), assigned adopts the following certificate of amendments.	certificate was filed with the Florida Departed Florida document number A170000	tment of State on
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of here:	the limited partnership or limited liability	limited partnership
New name must be disti	nguishable and contain an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partnership suffixes Limited Liability Limited Partnership suffixes. B. If amending mailing address and/or paper principal office address here:	fixes: Limited Liability Limited Partnership, L.L.L.	
New Principal Office Address (Must be STREET address)	<u> </u>	
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or rew registered agent and/or the new registered		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, Florida	Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this comply with the provisions of all statutes relative to the proper and complete am familiar with and accept the obligations of my position as registered age	e performance of my dùtles and 🙋 💎
If Changing Registered Age	nt. Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MS	JUDITH KUILAN NawcomB	1938 UPPOUR LOKER D RESTON, VA 20191	M. □Add _ Memove
			Add Remove
			_ Add _ Remove
			_ Add _ Remove
			_
			_
E. If the limited limited partnersh	partnership or limited liabilit ip" status, enter change here:	y limited partnership is amen	– ding its "limited liability
This Limited	d Partnership hereby elects to be	e a "Limited Liability Limited Pa	ırtnership."
☐ This Limited	d Partnership hereby removes it	s "Limited Liability Limited Par	tnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

_ / Mulle	m6	_
Effective date, if other than the date of filing:	1/1/10/174/76/19	
(Effective date cannot be prior to nor more than 90 days after	the days this document is filed by the Florida Departm	ent of
State.;		
Signature(s) of a general partner or all general p	artners*:	
(*NOTE: Only one current general partner is required to sign	this document unless the limited partnership is adding	œ
removing a "limited liability limited paranership" election state when adding or removing a "limited liability limited paranersh	ement. Chapter 620, F.S., requires all general partners:	to sign
when examine or removing a minimed factory immediate particular	sp exector statement.)	
- Zouthary A. Swith		
Signature(s) of all new or dissociating general pa	rtner(s), if anv:	
JUNITE E. NEWCOMB		
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John Marie Comment		
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Attachment LP Amend. # AM000000104 HIIIM

GNIC LLLP

May 18, 2017

Ms Michelle Milligan Florida Department of State Senior Section Administrator Registration Section Division of Corporations

RE: GNIC LLLP - Member Name Clarification

Dear Ms Miligan:

For purposes of clarification, one of our members is listed on SunBiz by his nickname. Please note that Jay Francis Whittle is the legal name for the GNIC LLLP member who is currently listed as Jeff Whittle. I respectfully request that the records be corrected to have Mr Whittle registered with DoS and SunBiz as Jay Francis and not Jeff.

Thank you for your attention to this matter. Please contact me at 904 382 2019 if you have any questions or issues.

Sincerely yours

Zaghany K. Smith