## L00000011211

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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## **COVER LETTER**

	istration Sect sion of Corp		<b></b>	
	Gumbo Li	mbo Management & D	evelopment L.L.C.	
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		R Jason Smith		
			Name of Person	
		Gumbo Limbo Mana	gement & Development L.L.C	
			Firm/Company	
		10150 Metro Parkwa	у	
			Address	<del></del>
		Fort Myers, Florida 3	33966	
			City/State and Zip Code	
		GLMDLLC@gmail.co		· · · · · · · · · · · · · · · · · · ·
		E-mail address: (t	o be used for future annual report notification	on)
For further in	formation co	ncerning this matter, please ca	dl:	
R Jason S	Smith		239 707-9900	
	Name of	Person		ephone Number
Enclosed is a	check for the	e following amount:	,	
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	■ \$60.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## GUMBO LIMBO MANAGEMENT & DEVELOPMENT L.L.C.

(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 Liabilit Florida document number L00000011211	y Company were filed on September	18, 2000	) and	d assig	ned
This amendment is submitted to amend the following	2:				
A. If amending name, enter the new name of the	limited liability company here:				
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation	"LLC" or the	abbreviati	ion "L.I	C."
Enter new principal offices address, if applicable:					<del></del>
(Principal office address MUST BE A STREET AL	ODRESS)			<del></del>	
					<del></del>
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX					
B. If amending the registered agent and/or registered agent and/or the new registered office a		ords, enter	the na	ime of	f the new
Name of New Registered Agent:					
New Registered Office Address:			SEC	14	
New Registered Office Address.	Enter Florida street ad	dress	<del>N</del> ETA	- 030	I.
	City	, Florida _	$\frac{SS}{2w}$	<u></u> Code	- 2 - Essettenen
New Registered Agent's Signature, if changing Regist	•			<b>1</b>	Distanti
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this change	ent and agree to act in this capacity.  Indicomplete performance of my duties  Indicate as provided for in Chapter 60  Intered office address, I hereby confirm	s, and I am 05, F.S. Or	<b>famtl</b> ia , if this	r with docun	and nent is

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

\_ \_\_\_\_

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgr	R. Jason Smith	10150 Metro Parkway	Add
		Fort Myers Florida 33966	□ Remove
mgr	Roy F Smith	10 Rock Ridge Road	□ Add
		Englewood, Ohio 45322	■ Remove
ambr	Holly D. Smith	10150 Metro Parkway	Add
		Fort Myers, Florida 33966	□ Remove
			Remove  Remove  Remove  Remove
			SELL FLOORION
			□ Add
			Remove

, , ,	ormation, enter change(s) here: (Attach additional sheets, if necessary.) of ownership is as follows:	
R. Jason Smith	50 %	
Holly D. Smith	50%	
E. Effective date, if other that (The effective date must be specific the date this document is filed by	in the date of filing:(optional) ic, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)	
Dated	<u>'- (4</u>	
	Signature of a member or authorized representative of a member	
R. Jason Smit		
	Typed or printed name of signee	
Notary Public	BARIBAULT State of Florida pires Oct 10, 2016 n # EE 842117  Renee Baribault	)

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Filing Fee: \$25.00

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