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| (Rec | uestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | me) |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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TRANSMITTAL LETTER

| | Registration So Division of Co | | | | | | | | |
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| SUBJEC | T: | Grigg, | Shaw & | Assoc | iates | , L.C. | | | |
| | | | (Name | of Limite | ed Liability | y Company | y) | | |
| | | | ent and fee(s) : | | | _ | | | |
| Please ret | turn all corresp | ondence co | oncerning this | matter to | the follow | ing: | | | |
| | | | · J. | Caro | ol Gri | gg | | | |
| | • | | | (Nam | e of Person |) | | | |
| | | | G | CS, Ho | olding | s, L.C | · | | |
| | - | | | (Firn | ı/Company |) | | | |
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| | | | | (City/Stai | e and Zip (| ode) | | | |
| For further | er information | concerning | this matter, p | lease call: | | | | | |
| - | Ga | ry How | | | at (| 904 | | | |
| | | (Name o | f Person) | | | (Area Coo | de & Dayı | time Tele | phone Number) |
| Enclosed i | s a check for the | e following a | ımount: | | | | | | |
| % ∕\$25.00 | Filing Fee | □ \$30. Ce | 00 Filing Fee & rtificate of State | Lis | Certifi | Filing Fee & ed Copy onal copy is | | Ce) Ce | \$60.00 Filing Fee, ritificate of Status & ritified Copy dditional copy is enclosed) |
| | Regis | EET ADDI | ion | | | Registra | NG ADI | tion | |
| Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 | | | | | Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grigg, Shaw & Associates, L.C.

| | (Present Name) (A Florida Limited Liability Company) | | |
|---------|--|----------------------|-----|
| FIRST: | The Articles of Organization were filed on 11/04/02 and assigned document number L02000029329 | | |
| SECOND: | The following amendment(s) to the Articles of Organization was/were adopted by the line liability company: | mited | |
| | Change the Limited Liability Company name to GCS Holdings, | L.(| 3. |
| τ. | | 04 DEC - PH 5: 4 | |
| Dated | Signature of a member or authorized representative of a member | | • • |
| | Typed or printed name of signee | · | • |

Filing Fee: \$25.00