# L05000049893

<b>.</b>
(Requestor's Name) ,
(Address)
(Address)
(City/State/Zip/Phone #)
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B. Tadlock MAY 1 5 2008

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2008

GSI HOLDINGS, LLC 3106 BAY TO BAY TAMPA, FL 33629

SUBJECT: GSI HOLDINGS, LLC Ref. Number: L05000049293

We have received your document for GSI HOLDINGS, LLC and your check(s) totaling \$416.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock Senior Section Administrator

Letter Number: 508A00015471



May 13, 2008

Ms. Brenda Tadlock Department of State Div. of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Brenda:

Please accept this information as the amendment change of our original corporation of GSI Holdings LLC, during our move we lost rack of the annual report and failed to file and in doing so we lost our name, so this is the new name GSI Holdings 3106, LLC. I am sending this per your conversation today with Eileen Hunt of Holcomb & Mayts, P.A.

Thank you for your help in this matter.

David Calverley

GSI Holdings 3106, LLC.

### **COVER LETTER**

TO:	Registration Section Division of Corporatio	ns	3106		
SUBJI	ECT:	) T Holding (Name of Lim	S GHE LL - led Liability Company)		
The en	closed Articles of Amend	ment and fee(s) are sub	omitted for filing.		
Please	return all correspondence	concerning this matter	to the following:		
		David	S. Calvelley (Name of Person)		
		Gran	ville Scott, In	10.	
		3106	(Firm/Company) Bay		
		Jana	(Address) J	629	•
		10.04	(City/State and Zip Code)	ΨαΙ	-
For fur	ther information concerni	ng this matter, please c	call:		
	Name of Person	<u>/e \                                   </u>	at (CV) 220 (Area Code &	399 J Daytime Telephone Numb	er)
Enclos	ed is a check for the follow	ving amount:			
\$25		0.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	ate of Status &

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

SECRETARY OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS

		( <b>W</b> )	H 12:
•		110	<i>5</i>
(Name of the Limited Liabil	OLDINGS . Lee	w appears on our records.)	유
	la Limited Liability Co	mpany)	•
The Articles of Organization for this Limited Liability	Company were filed	on <u>5/12/05</u>	and assigned
Florida document number <u>L05000049293</u>	· ·		
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li		any here:	
The new name must be distinguishable and end with the v"L.L.C."		y Company," the designatio	n "LLC" or the abbreviation
• .		•	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ess on our records, <u>ent</u> e	er the name of the new
* ;			·
Name of New Registered Agent:		····	
New Registered Office Address:			

#### 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 608, 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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

(Enter Florida street address)

Florída

(Zip Code)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = MGRM	Manager = Managing Member		
Title	Name	Address	Type of Action
			Add Remove
			Add
			Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
<del></del>			Add
,			Add
			Remove
			Add Remove
D. Ifan	ending any other infor	mation, enter change(s) here: (Attach additional sheets, if necessar	y.)
Dated	Mary 1	2000	·
Dated	R	3	
		Signature of a member or authorized representative of a member	
		tvid S. Calverley Typed or printed name of signee	
	:	Page 2 of 2	
•	-	Filing Fee: \$25.00	