## 106000043887

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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21 HAY -3 PH 5: 16

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration So Division of Con			
SUBJECT: GPR1, LL	C Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter		
	Pamela Roberts	Name of Person	
	GPR1, LLC	Firm-Company	
	7 Sunshine Blvd.	Address	
	Ormond Beach, FL	City/State and Zip Code	
For further information of	E-mail address: (concerning this matter, please concerning this matter).	to be used for future annual report noti	fication
Pamela Roberts Name C			ie Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ction
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



GPR L LLC

21 HAY -3 PH 5: 16

(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 Liab	oility Company	were filed on April 27, 200	6 and assigned
Florida document number <u>L06000043887</u>	·		
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of t	he limited liab	ility company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company." the designation "	LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET ADDRESS)		7 Sunshine Blvd.	
		Ormond Beach, FL 32174	
Enter new mailing address, if applicable:			<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		7 Sunshine Blyd.	
		Ormond Beach, Fl. 32174	
B. If amending the registered agent and/or regagent and/or the new registered office address		address on our records, <u>en</u>	iter the name of the new registered
Name of New Registered Agent:	Gary Roberts		
New Registered Office Address:	ew Registered Office Address: 7 Sunshine Blvd.  Enter Florida street address		ldress
	Ormond Beach		, Florida 32174  Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:		
			1 2 1

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 The Amplitude CA Commission of Carlot AMBR = Authorized Member Type of Action Title <u>N</u>ame Address 21 MAY -3 PH 5: 16 7 Sunshine Blvd., Ormond Beach, FL 32174 

Add Gary Roberts MGRM \_ □Remove \_\_\_\_\_ Change □ Change \_\_\_\_\_ □ Remove \_\_\_\_\_ Change \_\_\_\_\_ 🗀 Add \_\_\_ □Change \_\_\_\_\_ 🗆 🖂 🖂 Add \_\_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_\_\_ □Remove 

	Tending Action (SAC)
	21 HAY -3 PH 5: 17
N	
<del></del>	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot ote: If the date inserted in this block does not meet the becument's effective date on the Department of State's r	be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(a applicable statutory filing requirements, this date will not be listed as the
record specifies a delayed effective date, but not an effe is filed.	ective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated April 28 . 2021	<u>I</u> .
Signature of a member	or authorized representative of a member
Pamela Roberts	