## L06000058162

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

Bishop & Tompkins, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

W.E. Bishop, Jr.

Name of Person

Firm/Company

7743 SW S.R. 200

Address

Ocala, FL 34476

City/State and Zip Code

wbjrpa@cfl.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

W.E. Bishop, Jr.

at (352) 237-9225

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

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

Bishop & Tompkins, LLC					
( <u>Name of the Limited</u>	Liability Compa A Florida Limited I	ny as it now appears on ou Liability Company)	r records.)		
The Articles of Organization for this Limited L Florida document number <u>L06000058162</u>	iability Company	were filed on June 7, 2	2006	and ass	igned
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here:			
G & W Commercial Properties, LLC					
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Company," the	e designation "LLC"	or the a	bbreviation
Enter new principal offices address, if appli	cable:	N/A	V: AV		
(Principal office address MUST BE A STRE	ET ADDRESS)			_ <u>=</u>	
			D:	<del>က်</del> —သ	T3'!
			<u> </u>		?
Enter new mailing address, if applicable:		N/A	<u> </u>	2018 2712	
(Mailing address MAY BE A POST OFFICE	BOX)			્ર	7
			<u> </u>	ည	
B. If amending the registered agent and registered agent and/or the new registered of			cords, enter the	name o	of the new
Name of New Registered Agent:	N/A	·····			
New Registered Office Address:	N/A				
		Enter Flo	rida street address		
			, Florida		
		City	2	Zip Code	?

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.

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 = Ma MGRM = I	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			. Add
	·		Remove
			Add
			Remove
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<del></del>			Add
			Remove

N/A	nter change(s) here: (Attach additional sheets, if necessary.)
December 6	2013
(det 2)	
_	a member or authorized representative of a member
W.E. BISHOP, JR.	T .
<del>*************************************</del>	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SEGNINAL PLANTS