## L070001031998

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**EXAMINER** 



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## **COVER LETTER**

TO:	Registration Sectorial Division of Corp		•	.*	
SUBJI	ECT:	Caroc (Name of Limi	h 65 ited Liability Company)		
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
		dence concerning this matter			
	,	G	(Name of Person)  (Toches (Firm/Company)  OUER ORKS (Address)  PARK FL 32 (City/State and Zip Code)	-, <del>1</del> ,,	
		J	(City/State and Zip Code)		
For fur	ther information cor	ncerning this matter, please ca	all:		
	Name of	LounD5 Person)	at (904) 4060 - 40	5076 aytime Telephone Numb	er)
Enclos	ed is a check for the	following amount:			
<b>)20 \$</b> 25	.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certifie	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

Gioches, LLC	
(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 Liability Company were filed on 10/11/2007 and assigned Florida document number L07000103698.	
This amendment is submitted to amend the following:	
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 "L.L.C."	on
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	-
B. If amending the registered agent and/or registered office address on our records, enter the name of the no registered agent and/or the new registered office address here:	<u>:w</u>
Name of New Registered Agent:	-
New Registered Office Address:	
(Enter Florida street address)	
(City), Florida (Zip Code)	-1 フ
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 Changing Registered Agent, Signature of New Registered Agent)

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 = Manager MGRM = Managing Member **Title** Name <u>Address</u> **Type of Action** RONEHE DAVES Remove ☐ Add Remove 🗖 Add Remove ☐ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ gnature of a member or authorized representative of a member ARIL LouNDS
Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00