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#### CHAMBERLAIN, HRDLICKA, WHITE, WILLIAMS & AUGHTRY

A PARTNERSHIP OF PROFESSIONAL CORPORATIONS

#### ATTORNEYS AT LAW

191 PEACHTREE STREET, N.E. - FORTY-SIXTH FLOOR

ATLANTA, GEORGIA 30303

(404) 659-1410 (800) 800-0745 FAX (404) 659-1852 HOUSTON ATLANTA PHILADELPHIA SAN ANTONIO

February 24, 2017

### **VIA FIRST CLASS MAIL**

TALISHA MCCLENNON
LEGAL ASSISTANT
DIRECT DIAL NO 404.658,5493
E-MAIL: talisha mcclennon@chamberlainlaw.com

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

G & C Fort Myers, LLC

To Whom it May Concern:

Enclosed please find articles of amendment to articles of organization and a check in the amount of \$25.00 to be filed with Florida Secretary of State. Please file and return in the enclosed self stamped address envelope.

Please contact me with any questions or concerns regarding this matter.

Very truly yours,

CHAMBERLAIN, HRDLICKA, WHITE பூ WILLIAMS & AUGHTRY

Talisha McClennon

TM:

## **COVER LETTER**

TO:	Registration Se Division of Cor				
011D 1D	- CTD	G & C FO	RT MYERS, LLC		
SUBJE	:СГ:	Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please 1	return all correspo	ndence concerning this matter	to the following:		
			Scott A. Augustine		_
			Name of Person		_
		Chamberlain,	Hrdlicka, White, Williams	& Aughtry, LLP	
			Scott A. Augustine  Name of Person  n, Hrdlicka, White, Williams & Aughtry, LLP  Firm/Company  Pl Peachtree Street, NE, 46th Floor  Address  Atlanta, Georgia 30303  City/State and Zip Code cott.augustine@chamberlainlaw.com  s: (to be used for future annual report notification)  e call:  770  888-9309  Area Code  Daytime Telephone Number	_	
		191 1	Peachtree Street, NE, 46th	Floor	
			Address		-
			Atlanta, Georgia 3030	3	
	City/State and Zip Code				
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For furt	ther information c	e-mail address: () oncerning this matter, please ca		port notification)	SEC SEC
	George E.	Brothers			
	Name o	f Person	Area Code	Daytime Telephone Numb	ino L
Enclose	ed is a check for th	e following amount:			95. 7. 31. 3
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certific osed) Certifie	filing Fee, cate of Status & cd Copy
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#### 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 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 AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CATHY THIENEMAN	1417 Newberry Hills Lane	
		St. Joseph, MI 49085	Remove
			☐ Change
MGR	ROSEMARIE BROTHERS	628 Settles Road	B Add
		Suwanee, Georgia 30024	□ Remove
			☐ Change
MGR	GEORGE E. BROTHERS	628 Settles Road	Add
		Suwanee, Georgia 30024	Remove
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