

Florida Department of State  
Division of Corporations  
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((H21000174029 3)))

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : OLDER LUNDY & ALVAREZ  
Account Number : I20190000084  
Phone : (813)254-8998  
Fax Number : (813)839-4411

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: HTeichman@OLAlaw.com

RECEIVED

2021 APR 30 PM 4:43

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GIBB MANAGEMENT LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

21 APR 30 PM 3:53

FILED

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GIBB MANAGEMENT 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 07/30/2008 and assigned Florida document number L08000073139.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

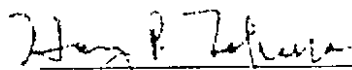
(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:	<u>HARRY TEICHMAN, ESQ.</u>	<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;">                 FILED 21 APR 30 PM 3:59 CLERK OF CIRCUIT COURT HENDON TAMPA, FL 33606             </div>
New Registered Office Address:	<u>1000 W CASS STREET</u> <small>Enter Florida street address</small>	
	<u>TAMPA</u> Florida <u>33606</u> <small>City Zip code</small>	

**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



**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated

*Sub*

Signature of a member or authorized representative of a member

BARRY GIBB

Typed or printed name of signee

**Filing Fee: \$25.00**