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SECRETARY OF STATE
SECRETARIASSEE, FLORIDA

J. BRYAN

SFP - 8 2010

EXAMINER

COVER LETTER

Division of C					
SUBJECT:	GS	A 1000, LLC			
SUBJECT:		ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
		Gary Sizemore			
		Name of Person			
	<u></u>	Firm/Company			
		P.O. Box 1735 Address			
		Oldsmar, FL 34677	SEP -7 PM		
		City/State and Zip Code	THE REPORT		
	gsi E-mail address: (zemore@gsa1000.com to be used for future annual report notifi	Cation)		
For further information	concerning this matter, please	call:	And the second s		
Gary Sizemore			343-7017		
Name	of Person	Area Code & Daytime	e 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)	Section 1 (2015) \$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/COURING Registration Section Division of Corpora	n		
		Clifton Building 2661 Executive Cer Tallahassee, FL 323	nter Circle		
. •	and the second second	The state of the s			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

/NI	GSA 100	00, LLC		
(Name of the Limited	A Florida Limited I	iny as it now appe Liability Company)	ars on our records.)	
The Articles of Organization for this Limited I Florida document numberL0800008		were filed on	8/28/2010	and assigned
This amendment is submitted to amend the fol A. If amending name, enter the new name of	Ū	pility company he	ere:	FILEU 2: 46
5	· · · · · · · · · · · · · · · · · · ·		_	9 . · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and end wi"L.L.C."	th the words "Limi	ited Liability Comp	pany," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applie	3925 Tampa, Road			
(Principal office address MUST BE A STREI	ET ADDRESS)	Oldsmar, FL	. 34677	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and registered agent and/or the new registered o			our records, enter t	the name of the new
Name of New Registered Agent:	Phillip Sprecher			
New Registered Office Address:	3925 Tampa		nter Florida street add	lress
		Oldsmar	, Florida	34677
	-	City		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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Joseph B. Glennon	477 Commerce Blvd. Oldsmar, FL 34677	Add Remove
<u>MGRM</u>	Phillip Sprecher	3625 Tampa Road Oldsmar, FL 34677	✓ Add ☐ Remove
			Add Remove
			AddRemove
			Add Remove
			AddRemove
D. If amend	ling any other information, enter o	change(s) here: (Attach additional sheets, if necessa	17).) 12 SE 16
			FILED SEP -7 PM 2: 1 CRE AND CONTROL LAHASSEE, FLORI
 Dated	August 12	2010 PA 1. O e	9 4
	Signature of a mi	ember or authorized representative of a member	
	.	Phillip Sprecher	-
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00