# 109000054452

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1. HARRIS

TO: Registration Sec Division of Cor			
SUBJECT: GCF	+5 Enterprise	es LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	ndence concerning this matter t	to the following:	
	LCONARD E	Walter Jr Name of Person	
		Name of Person	
	GCF+S EN	terprises ULC Firm/Company	
		Firm/Company	
	P.O. Box 352	06	
	_	Address	
	PANAMA C. Le	FL 30412 City/State and Zip Code	
	Generalicent E-mail address: (t	© gmail, com to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	ıll:	
Leonard (	Waltels Person	at ( <u>850</u> ) <u>547-2</u> Area Code Daytime	700 Telephone Number
Enclosed is a check for the	e 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 ORGANIZATION **OF**

GCF45 Enterpri	ses LCC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on $6/4/2009$ and assigned
Florida document number <u>L09000054452</u> .	·
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	5753 Highway 85N
Principal office address MUST BE A STREET ADDRESS)	UNIT 1710  Cresturew, FL 3536
Enter new mailing address, if applicable:	SS
Mailing address MAY BE A POST OFFICE BOX)	P.O.BOX 35206 7 7 7 7 8
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent: Box	INEY & ASSOCIATES P.A.
New Registered Office Address: 514	Magnolia Ave Enter Florida street address
Pana	Magnelia Ave  Enter Florida street address  Ma City, Florida 3740/  Zip Code
New Registered Agent's Signature, if changing Registered Agent:	, Lip code

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, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Bernett D. Golden	3726 Tiki Dr PANNA CYBOL FL 32408	ch BAdd
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ective date, if other than effective date is listed, the date: If the date inserted in the nument's effective date on the record specifies a delike 90th day after the	nis block does not meet the Department of State's ayed effective date, a record is filed.	e applicable statutory records. but not an effecti	filing requirements, th	is date will not	be listed as
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ea <u> </u>		······································			
Lead 4	Walk			工門 社会	
0	Signature of a membe	r or authorized represent	tative of a member	ASSEE	F
	,			٠- ت- ت-	2 1
Leonard	E Walters Typed	JC		<u> </u>	3
	Турес	l or printed name of sign	iee	6 <u>5</u> 1	4.45.44.

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Filing Fee: \$25.00