

LD9000062172

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

18 NOV 13 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
G.P. SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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2018 NOV -9 PM 2:31

Taylor Seay 8004323622

(01/06) 11/09/2018 01:23:40 PM



**CAPITOL
SERVICES**

FAX TRANSMITTAL

To:

Date: 11/09/2018 01:23:23 PM

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Company: FL SOS

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From:

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Name: Taylor Seay

Email: tseay@capitol-services.com

Fax No: 800-432-3622

Voice No: 855-498-5500

Subject:

Capitol Services, Inc.
515 E Park Ave, 2nd Floor
Tallahassee, FL 32301

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: G.P. Solutions, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Randy Oberlander

Name of Person

Growth Solutions

Firm/Company

900 Cowboy Circle

Address

LaBelle, FL 33935

City/State and Zip Code

chris.feiden@douglasproducts.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammy Eddings

816 983-8878

at ()

Name of Person

Area Code

Daytime 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)

☒ \$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

18 NOV 13 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

G.P. Solutions, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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The Articles of Organization for this Limited Liability Company were filed on June 24, 2009 and assigned
Florida document number L09000062172.

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)

1550 E. Old State Hwy 210

Liberty, Missouri 64068

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1550 E. Old State Hwy 210

Liberty, Missouri 64068

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:

C.T. Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

Florida

33324

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 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.

Michael Jones
Assistant Secretary


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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Plant Health Intermediate, Inc.	1550 E. Old State Hwy 210 Liberty, Missouri 64068	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nicole Campbell	50 Bedford Rd. Katonah, NY 10536	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rupert Campbell	50 Bedford Rd. Katonah, NY 10536	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Clare Reinbergen	147 Cherry Street Katonah, NY 0536	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Randy Oberlander	6413 Bridgecrest Dr. Lithia, FL 33547	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

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 is no handwriting or other markings on the paper.

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

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) of the rules, this date will not be listed as the effective date of the filing.

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 11/9/2018, _____

Signature of a member or authorized representative of a member

Wes Long, President of Plant Health Intermediate, Inc.

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA