L09000116840

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SECKETARY OF STATE

COVER LETTER

то:	Registration Sec Division of Corp	ction porations		
SUBJI	ECT:	2030	GGC, LLC	
			ed Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		CP	Name of Person	
		Cra	5 D Blume P	A
		800	Harbour Dr. Address	
		Na	ples, PL 3410 City/State and Zip Code)3
		E-mail address: (t	o be used for future annual report notificat	ion)
For fu	rther information co	oncerning this matter, please ca	all:	
	Cains	Blume	at (239) 417-4	848
	Name o	Person	Area Code & Daytime T	elèphone Number ·
Enclos	sed is a check for th	e following amount:	•	
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

10 FEB - I PM 12: 49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2030 GG	C. LLC	TALLAH	TARY OF STATE ASSEE, FLORIDA
(Name of the Limited Liability Compar (A Florida Limited L	v as it now appear	s on our records.)	- LURIDA
The Articles of Organization for this Limited Liability Company Florida document numberL09000116890	were filed on	DEC 9, 2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Compa	iny," the designation "L	CC" or the abbreviation
Enter new principal offices address, if applicable:	_525 F	Avellino 1:	sles Cin
(Principal office address MUST BE A STREET ADDRESS)	#331	102	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	525 / 2331 Naple	Avellino 102 102 PC 341	Isles Cri
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	Fn	iter Florida street addi	*255
	1,77	, Florida	Cau
	City	, FIULIUA	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

Type of Action <u>Title</u> <u>Address</u> <u>Name</u> First Capital Consulting Gra MGR 1243 11th Street North ☐ Add Naples Florida 34102 √ Remove Empire Finance Group, LL MGR ✓ Add Remove MGR · Highcap Properties, LLC ✓ Add Remove ∏Add Remove Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Dated ignature of a member Typed or printed name of signee

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Filing Fee: \$25.00