L09000116897

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EXAMINER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED
2010 JAN-5 AMII: 04

COVER LETTER

	gistration Section rision of Corporations	
SUBJECT:		
SUBJECT:	1772 GGC, LLC Name of Limited Liability Company	
The enclosed	d Articles of Amendment and fee(s) are submitted for filing.	
Please return	all correspondence concerning this matter to the following:	
	CRAIG D. BLUME, ESQ. Name of Person	
	Name of Ferson	
	CRAIG D. BLUME, P.A.	
	Firm/Company	ALC 010
	800 HARBOUR DRIVE	JAN RET AHL
	Address	1888 1888
	NAPLES, FLORIDA 34103	2010 JAN -5' AM II: 04 SECRETARY OF STATE FALLAHASSEE, FLORIO,
	City/State and Zip Code	AM II: (OF STATE E. FLORE
	E-mail address: (to be used for future annual report notification	§ ?
For further i	nformation concerning this matter, please call:	м
roi iuiuici i	mormation concerning this matter, please can.	
	w (7-4848
	Name of Person Area Code & Daytime Tel	ephone Number
Enclosed is	a check for the following amount:	
\$25.00 F	iling Fee \$\sum \sum \\$30.00 \text{ Filing Fee & S55.00 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 STREET/COURIER Registration Section Division of Corporation Division of Corporation Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1772 GG	SC, LLC	_
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed onDecember 3, 20	09 and assigned
Florida document numberL09000116897		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	2015 Crestview Way #120	201 TAL
(Principal office address MUST BE A STREET ADDRESS)	Naples, Florida 34119	THE PERSON NAMED IN COLUMN 1
Enter new mailing address, if applicable:	2015 Crestview Way #120	SERV OF THE PROPERTY OF THE PR
(Mailing address MAY BE A POST OFFICE BOX)	Naples, Florida 34119	ORDA R
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	Enter Florida street a	ddress
	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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> First Capital Consulting Gra MGR 1243 11th Street North ✓ Remove Naples Florida 34102 MGR 2015 Crestview Way #120 Remove Naples, Florida 34119 ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 2009 Dated_

Typed or printed name of signee

Signature of a member or authorized representative of a member

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Filing Fee: \$25.00