

L09000117949

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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K. SALY  
AUG -6 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: G2 CHENEY, 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:

DANIEL J. KUHN

Name of Person

GRAYROBINSON, P.A.

Firm/Company

301 SOUTH BRONOUGH STREET, SUITE 600

Address

TALLAHASSEE, FLORIDA 32301

City/State and Zip Code

sgornto@harbourpetro.com

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

For further information concerning this matter, please call:

Dan Kuhn/Chris Gibson

850 577-9090  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G2 CHENEY, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/11/2009 and assigned  
Florida document number 1.09000117949.

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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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: SAMUEL E. GORNT0

New Registered Office Address: 21 WEST FEE AVENUE, SUITE F

*Enter Florida street address*

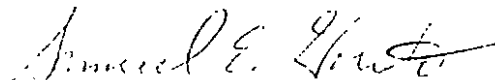
MELBOURNE, Florida 32901

*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.*



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>
MGRM	G2 MASTER PARTNERSHIP, LL	21 WEST FEE AVENUE, SUITE F	<input type="checkbox"/> Add
		MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SAMUEL E. GORNT0, as Trustee of the Samuel E. Gornio Trust Agreement dated April 30, 1987, as amended and restated, f/ b/o Samuel E. Gornio, et al.	21 WEST FEE AVENUE, SUITE F	<input checked="" type="checkbox"/> Add
		MELBOURNE, FL 32901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: April 30, 2018 (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)

**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.

(b) The 90th day after the record is filed.

Dated April 30, 2018

Signature of a member or authorized representative of a member

SAMUEL E. GORNTO, as Trustee of the Samuel E. Gornito Trust Agreement dated April 30, 1987, as amended and restated, f/b/o Samuel E. Gornito, et al.

Typed or printed name of signee