L10000014613

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EXAMINER

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SERVETARY OF STATE

TO

COVER LETTER

Registration Section

TO:

Division of Corporations					
SUBJECT.	297	6 GGC, LLC			
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
	spondence concerning this matte	_			
Flease letum an come	spondence concerning this matte	er to the following:			
	r.				
•	BARBARA RODRIGUEZ Name of Person				
		Name of Person			
		Firm/Company			
	2976 TROPICANA BLVD				
		Address			
		NADIES EL 24116			
		NAPLES, FL 34116 City/State and Zip Code			
	•	· · ·			
	E-mail address:	elleryd1@yahoo.com (to be used for future annual report n	notification)		
For further information	n concerning this matter, please	call:			
the					
	ARA RODRIGUEZ	at (_786)	277-8457		
Nam	e of Person	Area Code & Day	time Telephone Number		
Enclosed is a check fo	r 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)		
	ILING ADDRESS:		JRIER ADDRESS:		
	stration Section sion of Corporations	Registration Se Division of Cor	ction morations		
	Box 6327	Clifton Buildin			
	ahassee, FL 32314	2661 Executive	Center Circle		
		Tallahassee, FL	. 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

297 <u>6</u> GG	C, LLC			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appear	s on our records.)		
(A Florida Diffited D	naomicy company)			
The Articles of Organization for this Limited Liability Company	02/08/2010	and assign	ned	
Florida document number L10000014613				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company her	<u>re</u> :		
The new name must be distinguishable and end with the words "Limi	ted Liability Compa	iny," the designation "L	LC" or the abb	reviation
"L.L.C."				
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS) 2976 TROICANA BL		ANA BLVD		
·	NAPLES, FL	34116		
Enter new mailing address, if applicable:	2976 TROPIC	CANA BLVD		
(Mailing address MAY BE A POST OFFICE BOX) NAPLES, FL 34116		34116		
•				
B. If amending the registered agent and/or registered of		our records, <u>enter tl</u>	<u>ie name of t</u>	the new
registered agent and/or the new registered office address her	<u>'e</u> :	;	H	
Time		ļ		B
Name of New Registered Agent:				
New Registered Office Address:			52 b	- Course
	En	ter Florida street addr	essi 🚆	m
3		, Florida	n, - 	
	City		Zip Gode	
New Peristand 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.

· . r .

· r

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

<u>Title</u>		Address	Type of Action
MGR_	BARBARA RODRIGUEZ	2976 TROPICANA BLVD NAPLES, FL 34116	Add Remove
MGR	ELLERY DOMINGUEZ	2976 TROPICANA BLVD NAPLES, FL 34116	✓ Add ☐ Remove
			Add Remove
			Add Remove
• :			Add Remove
• .			AddRemove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if nece	ssary.)
			
Dated	OCTOBER 04,	<u>2010</u> 1.	
	Signature of a	member of authorized representative of a member	
	Barbara	Podrigue2 Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00