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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: GCM CONSULTING, // C. Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Cedric Montagnaha Name of Person				
GCM CONSULTING ///C Firm/Company				
3250 NE IST AVENUE APT 1117				
MIAMI, FL 33137 City/State and Zip Code				
Ced montagnaha @ g mail. com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Cedric Montagnaha at (305) 793 0791 Name of Person at (305) Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3250 NE IST AVENUE APT 1117 MIAMI, FL 33137
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3250 NE IST AVENUE APT 1117 MIAMI, FL 33137
B. If amending the registered agent and/or registered office address here	ice address on our records, enter the name of the new:
Name of New Registered Agent: New Registered Office Address:	SECRE LAH
New Registered Agent's Signature, if changing Registered Agent:	Enter Florida street address 23 , Florida Foo A TO City City City Solution Florida Street address 23 Florida Foo A TO City Florida Foo A TO City Florida Foo A TO City
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further agree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Name	Address	Type of Action	
MGR	CHAPON, GAELLE	39 SO NE IST AUTHOR APT 1117 MIAMI, PL 33137	Add Remove	
MGR	MONTAGNANA, CEDRIC	3250 NE 15T AVENUE APT 1117 PIADI, FL 33137	Add Remove	
			Add Remove	
	•	·	Add Remove	
			AddRemove	
			Add Remove	
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necesso	ary.)	
Dated	4/19/2010,	·	10 APR 23	
	Signature of a member-	or authorized representative of a member	# 3 71	
	GAELLE	CHA Bon or printed name of signee	II: 51	

Page 2 of 2

Filing Fee: \$25.00