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EXAMINER



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10/12/10--01040--004 **30.00

2010 OCT 12 AM ID: 50
SECRETARY OF STATE
MALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration : Division of Co		• •			
SUBJECT:	GBC Electromed	GBC Electromechanical Contractor, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	pondence concerning this matte	r to the following:			
		Carlos Villa	2010 SEC		
	Name of Person				
	GBC Electromechanical Contractor, LLC				
	CI 12 MIN				
	2010 OCT 12 M 18: 50 SEGRETARY OF STATE FALLAHASSEE FLORID				
		Address			
		Plantation, FL 33324			
		City/State and Zip Code			
	E-mail address: (to be used for future annual report notifica	ition)		
For further information	concerning this matter, please of	call:			
Carlos Villa		#: (/	16-2600		
Name of Person		Area Code & Daytime 1	Celephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)		
A XI					
MAILING ADDRESS:		STREET/COURIE	D A DDDFSS.		

STREET/COURIER ADDRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

N.

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GBC Electromechani	cal Contractor	, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears iability Company)	on our records.)	l	
(, , , , , , , , , , , , , , , , , , ,		- Z	
The Articles of Organization for this Limited Liability Company	were filed on	4/19/2010	and ssigned	
Florida document numberL10000042203			F 8 1	
			器って	
This amendment is submitted to amend the following:				
A 16	•1•,			
A. If amending name, enter the new name of the limited liab	ulity company here:			
- characteristic forms and delicity and delicity				
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company	y," the designation	n "LLC" or the abbreviation	
D	0004 Data = D	- O. W. 4004	_	
Enter new principal offices address, if applicable:	8201 Peters Rd., Suite 1000			
(Principal office address MUST BE A STREET ADDRESS)	Plantation, FL	33324		
		····	 	
Enter new mailing address, if applicable:	8201 Peters Rd., Suite 1000			
(Mailing address MAY BE A POST OFFICE BOX)	Plantation, FL	33324		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r records, <u>ente</u>	er the name of the new	
regional ou agent and of the new regions ou office address new	2•			
Name of New Registered Agent:				
Name of New Registered Agent.	-,			
New Registered Office Address:	r .		- 11	
	Enter Florida street address			
		, Florida		
	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.

7. 1. 1.

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 = M: MGRM = 1	anager Managing Member			
<u>Title</u>	<u>Name</u>	Addr	<u>ress</u>	Typer Acti
				E Ad
				Remove
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				EAdd ₩ Remove
			***************************************	Tell Remove
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D. If amer	nding any other infor	mation, enter change(s) here	: (Attach additional sheets, if ne	ecessary.)
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_		1/01/	1 116	
Dated	-	Muy la	Some il	
			rized representative of a member	
		Typed or printed	d name of signee	
			d name of signee	

Page 2 of 2

Filing Fee: \$25.00