

L10000050723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
FEB 12 2013
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GCMC ENTERPRISES 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:

GUIMS CARRIE

Name of Person

GCMC ENTERPRISES, LLC

Firm/Company

22922-D OXFORD PL

Address

BOCA RATON FL 33433

City/State and Zip Code

gcarrie509@yahoo.com

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

GUIMS CARRIE

Name of Person

at **561 414-5368**

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**

GCMC ENTERPRISES, 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 05/11/2010 and assigned
Florida document number L10000050723.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

127 NW 13th STREET, SUITE #14
BOCA RATON FL 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

127 NW 13th STREET, SUITE #14
BOCA RATON FL 33432

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:

GUIMS CARRIE

New Registered Office Address:

127 NW 13th STREET, SUITE #14

Enter Florida street address

BOCA RATON

Florida 33432

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GUIMS CARRIE	22922-D OXFORD PL	<input checked="" type="checkbox"/> Add
		BOCA RATON FL 33432	<input type="checkbox"/> Remove
MGRM	MIRLANDE CARRIE	22922-D OXFORD PL	<input checked="" type="checkbox"/> Add
		BOCA RATON FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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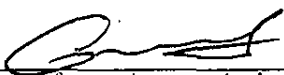
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D. If attending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 02/07 , 2013 .



Signature of a member or authorized representative of a member

GUIMS CARRIE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SEC. 12014 STATE
TALLAHASSEE, FLORIDA