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	(Requestor's Name)
<u> </u>	(Address)
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SECRETARY OF STATE

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COVER LETTER

TO:	Registration So Division of Cor			
SUBJE	CT·	Gandy	Holdings LLC	
5000				
The enc	closed Articles of	Amendment and fee(s) are sub-	bmitted for filing.	
Please 1	return all correspo	ondence concerning this matter	to the following:	
			John R. Cappa II	
			Name of Person	
John R. Cappa PA				No. 2
			Firm/Company	256
			1229 Central Ave.	2012 FEB 13 PM
			Address	
		C+ E	Potorobura Elorida 33706	OF FLORIGE
			Petersburg, Florida 33705 City/State and Zip Code	ORLES
			cappaii@aol.com	
For furt	ther information of	E-mail address: (concerning this matter, please of	to be used for future annual report notifica call:	ition)
				04.0450
		n R. Cappa II	at (727) 8 Area Code & Daytime	94-3159 Felephone Number
Enclose	ed is a check for t	he 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		ration Section on of Corporations Box 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gandy H	oldings LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appear ed Liability Company)	's on our records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on	08/30/2010	and assigned
Florida document numberL10000090836			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company her	<u>e</u> :	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compa	nny," the designation '	LLC" or the abbreviation
Enter new principal offices address, if applicable:		· <u>·</u>	70
(Principal office address MUST BE A STREET ADDRESS	2		A H
			XX 00
			Film County
Enter new mailing address, if applicable:			32 11
(Mailing address MAY BE A POST OFFICE BOX)			SE SE
B. If amending the registered agent and/or registered	office address on a	nur roonrds ontor	the name of the new
registered agent and/or the new registered office address		our records, <u>enter</u>	the name of the ner
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	Citv		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>	Type of Action
MGRM	LARRY D. BELTZ	1731 BRIGHTWATERS BLVD. NE ST. PETERSBURG, FL 33704	Add Remove
MGR	CORRADO PASTORE	1782 BRIGHTWATERS BLVD. NE ST. PETERSBURG, FL 33704	Add Z Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	·
			2012 FEB
Dated	February 8, 20	en () Dels	ARYOF STATE
		r or authorized representative of a member ARRY D. BELTZ or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00