# L10000 114076

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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### **COVER LETTER**

| TO: Registration S  Division of Co |  | ;   |  |  |  |  |  |
|------------------------------------|--|---|--|--|--|--|--|
| SUBJECT: 40                        | SRCO LLC                                     |   |  |  |  |  |  |
| Name of Limited Liability Company  |  |   |  |  |  |  |  |
| The enclosed Articles of           | f Amendment and fee(s) are sub               | mitted for filing.  |  |  |  |  |  |
| Please return all corresp          | ondence concerning this matter               | to the following:   |  |  |  |  |  |
|                                    | Michelle E. Winiecki                         |   |  |  |  |  |  |
|                                    |  | Name of Person  |  |  |  |  |  |
|                                    | GCP Management LLC                           |   |  |  |  |  |  |
|                                    | <u> </u>                                     | Firm/Company  | ·-·-   |  |  |  |  |
|                                    | 2801 Fruitville Road Suite                   | 240   |  |  |  |  |  |
|                                    |  | Address   |  |  |  |  |  |
|                                    | Sarasota FL 34237                            |   |  |  |  |  |  |
|                                    |  | City/State and Zip Code   |  |  |  |  |  |
|                                    | michelle@gcpmgt.com  E-mail address: (       | to be used for future annual report notif                           | ication)   |  |  |  |  |
| For further information            | concerning this matter, please c             | all:  |  |  |  |  |  |
| Michelle E. Winiecki               |  | 941 554-8958<br>at ()_  |  |  |  |  |  |
| Name                               | of Person                                    |   | e Telephone Number   |  |  |  |  |
| Enclosed is a check for t          | 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,<br>Certificate of Status &<br>Certified Copy<br>(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

| 400 SRCOLLC  |   |                           |
|--|---|---------------------------|
| ( <u>Name of the Limited Liabil</u><br>(A Florid   | ity Company as it now appears on our records.) a Limited Liability Company) |                           |
| The Articles of Organization for this Limited Liability (Florida document number <u>L1</u> 0000114046    | Company were filed on   | and assigned              |
| This amendment is submitted to amend the following:  |   |                           |
| A. If amending name, enter the new name of the lin   | nited liability company here:   |                           |
| The new name must be distinguishable and contain the words "Lir  | nited Liability Company," the designation "LLC" or t                        | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |   | 100                       |
| (Principal office address MUST BE A STREET ADD   | RESS)   | Mes gray                  |
|  |   | 1 100                     |
|  |   |                           |
| Enter new mailing address, if applicable:  |   |                           |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |                           |
|  |   | 27<br>IDA                 |
| B. If amending the registered agent and/or regi<br>registered agent and/or the new registered office add |   | nter the name of the ne   |
| Name of New Registered Agent:  |   |                           |
| New Registered Office Address:   |   |                           |
|  | Enter Florida street address  |                           |
|  | , Florid  |                           |
|  | 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                     | <u>Address</u>                 | Type of Action |
|--------------|---------------------------------|--------------------------------|----------------|
| MGR          | George C Perreault              | 2801 Fruitville Road Suite 240 |                |
|              |                                 | Sarasota Florida 34237         | ■ Remove       |
|              |                                 |                                | □ Change       |
| MGR          | George C Perreault Living Trust | 2801 Fruitville Road Suite 240 | Add            |
|              |                                 | Sarasota Florida 34237         | Remove         |
|              |                                 |                                | □ Change       |
|              |                                 |                                | Add            |
|              |                                 |                                | ☐ Remove       |
|              |                                 |                                | Change         |
|              |                                 |                                | Add            |
|              |                                 |                                | □ Remove       |
|              |                                 |                                | □ Change       |
|              |                                 | -                              | Add            |
|              |                                 |                                | Remove Change  |
|              |                                 |                                | STATE PREMOVE  |
|              |                                 |                                | ☐ Change       |

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|                 | 07.07.2016  |
| fecti<br>an eff | ve date, if other than the date of filing:  07.07.2016  cotive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 |
| ote:            | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed   |
| ocum            | ent's effective date on the Department of State's records.  |
|                 |   |
|                 | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier   |
| e rec           |   |
| e rec<br>The    | 90th day after the record is filed  |
| The             | 90th day after the report is filed  |
| The             | 90th day after the report is filed  |
| The             | 90th day after the record is filed  |
| The             | 90th day after the record is filed.   |
| The             | 90th day after the record is filed  Or. 07.16  Signature of a member or authorized representative of a member   |
| The             | 90th day after the record is filed  O7-07-16  Signature of a member or authorized representative of a member 100-20   |

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Filing Fee: \$25.00