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SECRETARY OF STATE
AND ANASSFE, FLORIDA

N. Culligan SEP 2 6 20111

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: The Gully Group of Florida, LL.C.  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:				
Robert Gullickson Name of Person				
The Gully Group of Horida, LLC. Firm/Company				
717 Forest Hill Blvd.				
West Palm Beach, FL 33405 City/State and Zip Code				
rgulickson & thegulygroup. com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Robert Gulickson at 239, 272 7071  Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

FILED

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SECRETARY OF STATES
(ALLAHASSEE, FLORIDA)

The	Gully Group	o of Florida, LLC	TALLAHASSEE, FLORIDA	
(Name of the Limite)	A Florida Limited	any as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited I Florida document numberL1100000	Liability Company 06211	y were filed on <u>D1 / 13</u>	3/2011 and assigned	
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited lial	bility company here:		
	N/A	· -		
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	nited Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)	<del></del>		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				
			,	
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the new	
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action Title** Address <u>Name</u> MGRM Stephanie Huddle 717 Forest Hill Blvd. ✓ Add West Palm Beach, Fl. Remove 33405 ☐ Add Remove \_ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 9-20-11 Signature of a member or authorized representative of a member

Page 2 of 2

Robert Gullickson
Typed or printed name of signee

Filing Fee: \$25.00