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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| Division of Cor            | rporations                                   |   |  |
|----------------------------|--|---|--|
| SUBJECT: 405               | SRCO LLC                                     |   |  |
| SUBJECT:                   | Name of Limi                                 | ited Liability Company  |  |
|                            |  |   |  |
| The enclosed Articles of   | Amendment and fee(s) are sub-                | mitted for filing.  |  |
| Please return all correspo | ondence concerning this matter               | to the following:   |  |
|                            | Michelle E. Winiecki                         |   |  |
|                            |  | Name of Person  |  |
|                            | GCP Management LLC                           |   |  |
|                            |  | Firm/Company  |  |
|                            | 2801 Fruitville Road Suite                   | 240   |  |
|                            |  | Address   | <u> </u>   |
|                            | Sarasota FL 34237                            |   | MIL IN SECRETARY   |
|                            |  | City/State and Zip Code   | JUL IU E   |
|                            | michelle@gcpmgt.com  E-mail address: (1)     | to be used for future annual report notifi                          | m <sub>-3</sub>  |
| For further information of | concerning this matter, please ca            | -   | cation) 7 0 2 2 3  |
| Michelle E. Winiecki       |  | 941 554-8958<br>at ()   | Ä ü  |
| Name o                     | of Person                                    |   | Telephone Number   |
| Enclosed 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) |
|                            | JNG ADDRESS:                                 | STREET/COURIE Registration Section                                  |  |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 405 SRCO LLC   |  |
|--|--|
| ( <u>Name of the Limited Liability Co</u><br>(A Florida Lim  | ompany as it now appears on our records.) ited Liability Company)  |
| The Articles of Organization for this Limited Liability Comp   | pany were filed on <u>03. 28. Zott</u> and assigned  |
| Florida document number <u>L11000037434</u> .  |  |
| 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 contain the words "Limited I  | Liability Company," the designation "LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:  |  |
| (Principal office address MUST BE A STREET ADDRESS   | <u> </u>   |
| Enter new mailing address, if applicable:  | TALL AND THE A |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address | d office address on our records enter the name of the new here:  |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   |  |
|  | Enter Florida street address   |
|  | , Florida  |
| New Degistered Agent's Signature if changing Degistered Ag   |  |

## 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                     | Address                        | <b>Type of Action</b>                    |
|--------------|---------------------------------|--------------------------------|--|
| 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                                   |
|              |                                 | <u> </u>                       | Add                                      |
|              |                                 |                                | ☐ Remove                                 |
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|              |                                 |                                | CO P P P P P P P P P P P P P P P P P P P |
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|      | 07.07.2016   | 25                                    | $\dot{\omega}$ |
| fect | ive date, if other than the date of filing: 07.07.2016   | (optional)                            | ω<br>66        |
|      | fective date is listed, the date must be specific and cannot be prior to date of filing the date inserted in this block does not meet the applicable statuto |                                       |                |
| cum  | nent's effective date on the Department of State's records.  | ry ming requirements; and date vii    | Thot be histed |
|      |  |                                       |                |
| rei  | cord specifies a delayed effective date, but not an effec  | tive time, at 12:01 a.m. on           | the earlier    |
| The  | 90th day after the record is filed.  | are time, at all the attitue of       |                |
|      |  |                                       |                |
| ntad | 07.07.16 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  |                                       |                |
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|      | 11   |                                       |                |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00