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Office Use Only

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	GCR Supp	ort Services, LLC	
		ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
		James D Guy	
		Name of Person	
		Firm/Company	
	31	83 Woodymarion Drive	
		Address	
		Chipley, FL 32428	
	d a.v.	City/State and Zip Code	
ŧ	' E-mail address: (1	/le1977@bellsouth.net,, o be used for future annual report notification	m)
For further information	concerning this matter, please c	Committee of the Commit	
	James Guy	at (850) 258	B-5856 EGARY
Name	of Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check for	the following amount:		2 €
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

GCR Supp	ort Services LLC		<u></u>	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appea ited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Com	pany were filed on	04/13/11	and assign	ed
Florida document numberL11000043956				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :		
The new name must be distinguishable and end with the words 'L.L.C."	Limited Liability Compa	any," the designation '	'LLC" or the abbi	 eviation
Enter new principal offices address, if applicable:		·		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>		2 2	
			50 5	
			AHAS	<u>T</u>
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			3€	<u> </u>
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B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, enter	the name of t	ne nev
egistered agent and/or the new registered office address	, nere.			
Name of New Registered Agent:				
New Registered Office Address:				
	En	ter Florida street ad	dress	
		, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title Type of Action **Name** Address Jimmy W Bradley MGRM ☐ Add ☑ Remove 3871 Pine Log Road Chipley, FL 32428 Jeremiah Domer MGRM 2306 Victory Road ✓ Add ☐ Remove Chipley, FL 32428 ☐ Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

James Guy
Typed or printed name of signee

Filing Fee: \$25.00