Division of Corporations

ARERMAN SENTERFLOR

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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	Doing so will generate another cover sheet.	
To:	Division of Corporations Fax Number : (850)617-6383	HAY 19 A
From:	Account Name : AKERMAN SENTERFITT (JACKSON Account Number : 105543000740 Phone : (904)798-3700	VILLE) PRODA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Property of the Control of the	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GCV MANAGEMENT, LLC

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K. SALY EXAMINER

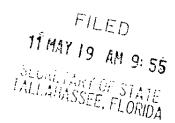
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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



<u></u>	GCV Man	<u>agement, LLC</u>		
( <u>N</u> 1	me of the Limited Liability Cor (A Florida Limit	npany as it now appears	on our records.	
	(	ea ziaomij companjij		
The Articles of Organization	for this Limited Liability Comp	any were filed on	5/5/11	and assigned
Florida document number	L11000053498			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited	liability company here	<b>:</b>	
		ervancy Mgt., LLC		
The new name must be distingu "L.L.C."	ishable and end with the words "I	imited Liability Compan	y," the designation '	LLC" or the abbreviation
Enter new principal offices	address, if applicable:			
(Principal office address MU	ST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address,	if applicable:			
(Mailing address MAY BE A	POST OFFICE BOX)			
B. If amending the regist	ered agent and/or registered new registered office address	l office address on or here:	ır records, <u>enter</u>	the name of the new
TERRITOR DE LA CONTRACTOR DE LA CONTRACT		·		
Name of New Regis	tered Agent;			
New Registered Off	ice Address:			
		Enter Florida street address		
			, Florida	n' a 1
		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 heing 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

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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 = Ma	nnager Managing Member		H11000135475
Title	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
D. Ifamen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if nece	asary.)
_			
Dated			
		or authorized representative of a member	<del></del>
	Typed	, Jr Authorized Representative or printed name of signee	<b>√</b>

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