41000056594

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COVER LETTER

10:	Division of Cor				
CUBIC	G and M N	aples, LLC			
SUBJE	C1:	Name of Lin	nited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
		ondence concerning this matter	•		
		Dennis E. Gilkey			
			Name of Person		
		G and M Naples, LLC			
			Firm/Company		-4
		9148 Bonita Beach Road S	Suite 200		~
			Address	· · · · · · · · · · · · · · · · · · ·	三、三、二
					37
			City/State and Zip Code		132
		Bonita Springs FL 34135			ڊپ <u>ب</u> ي
			to be used for future annual report not	ification)	, -
For furt 	her information c	oncerning this matter, please o	all:		
Dennis	E. Gilkey		239 565-4839 at ()		
	Name o	f Person		ne Telephone Number	
Enclose	d is a check for th	ne 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 Certificate of Certified Cop (additional copy	Status &
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 5/12/2011	and assigned
florida document number L11000056594		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	9148 Bonita Beach Road Suite 200	
Principal office address MUST BE A STREET ADDRESS	Bonita Springs FL 34135	
Enter new mailing address, if applicable:	9148 Bonita Beach Road Suite 200	
Mailing address MAY BE A POST OFFICE BOX)	Bonita Springs FL 34135	<u> </u>
		<u> </u>
		بي ِ
 If amending the registered agent and/or registered or registered agent and/or the new registered office address here. 		the name of the new
egistered agent and/or the new registered office address fer	<u></u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent	City	zip Code

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 or removed	Authorized Person(s) authorized to m from our records:	nanage, <u>enter the title, name, ar</u>	nd address of each person being added
MGR = M: AMBR = At	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			Add
			☐ Remove
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fective date, if other than the date of filing:	(optional)
ote: If the date inserted in this block does not meet the applicable statutory filicument's effective date on the Department of State's records.	ng requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier of
ted July 25. 2017	
Signature of a member or authorized representative	ve of a member
Dennis E. Gilkey	

Page 3 of 3

Filing Fee: \$25.00