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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF SIAH

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

GOVERNMENT DEVELOPMENT DENTER LLC

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:

CHARESSA STEPANEK

Name of Person

GOVERNMENT DEVELOPMENT CENTER

Firm/Company

11701 S BELCHER RD STE 113

Address

LARGO, FL 33773

City/State and Zip Code

JDOTY@GOVDEVCTR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFREY DOTY

_{.,7}727、803-6890

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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

GOVERNMENT DEVELOPMENT CENTER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| Florida document number L11000075599 | were filed on 6/29/2011 and assigned | |
|--|--|--|
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and end with the words "Limited Liab | oility Company," the designation "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 11701 S BELCHER RD STE 113 | |
| (Principal office address MUST BE A STREET ADDRESS) | LARGO,FL 33773 | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | ffice address on our records, <u>enter the name of the new</u> e: | |
| | <u>;-i</u> | |
| Name of New Registered Agent: | 1 | |
| Name of New Registered Agent: | ALL AH | |
| Name of New Registered Agent: New Registered Office Address: | Enter Florida street address SS | |
| | Enter Florida street address Florida Florida | |
| | City Florida Zip Code | |

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member Title Name **Address Type of Action** 11701 S BELCHER RD STE 113 CHRISTI WALSH MGR LARGO, FL 33773 **■** Remove □ Add □ Remove □ Add □ Add **□** demove DbAdd 🚞 ☐ Remove □ Add

| If amending any other information, enter change(s) here: (Attach addi | tional sheets, if necessary.) |
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| Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State) | (optional) ot be more than 90 days after |
| Dated OCTOBER 6TH 2014 | |
| | |
| Signature of Amember or authorized representati | ve of a member |
| Signature of a member or authorized representation of the CHARESSA STEPANEK | ve of a member |

Page 3 of 3

Filing Fee: \$25.00