L11000084362

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COVER LETTER

TO: Registration S Division of Co				
SUBJECT: GCD	inc, LLC			
SUBJECT:		ited Liability Company		
The analoged Assigles of	f Amendment and fee(s) are sub	mitted for film.		
		-		
Please return all corresp	ondence concerning this matter	to the following:		
	George Nim	blette		
		Name of Person		
	GCDinc, LL	C		
		Firm/Company		
	9314 Forest	Hill Boulevard B	311	20H
		Address		
	Wellington,	Florida 33411		2014 #8R 10
		City/State and Zip Code		3
	gcdgen@gcdoptio	ONS.COM to be used for future annual report notifi	cation)	
For further information	concerning this matter, please c	·		္မ ္း
George Nii	mblette	at 561 249-19	924	
Name	of Person		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)	Certified (of Status &
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ntions nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GCDING, LLC	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Companion Florida document number L11000084362	ny were filed on 07/21/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
General Contracting & Design, LLC	
The new name must be distinguishable and end with the words "Limited Li	ability 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)	20
Enter new mailing address, if applicable:	9314 Forest Hill Boulevard B11 🗢 🏥
(Mailing address MAY BE A POST OFFICE BOX)	Wellington, Florida 33411 👑 🚆 📫
	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the nev
egistered agent under the new registered office address no	<u></u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
N. B. C. M.	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	t :

If Changing Registered Agent, Signature of New 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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	N/A		
			☐ Remove
	N/A		
			☐ Remove
	N/A		2014 Remove
	N/A		Add
		 	Remove
	N/A		
			Remove
	N/A		
			☐ Remove

D. If amending any other information, enter change(s) here: (Attach ad N/A	lditional sheets, if necessary.)
C. 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 can the date this document is filed by the Florida Department of State)	(optional) nnot be more than 90 days after
Dated	
George Alister Nimblette	tative of a member
George Allskei Allfilloette	

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