

L11000111721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

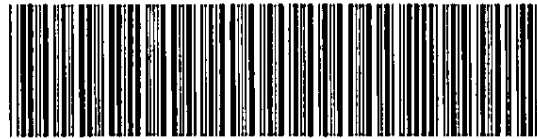
(Business Entity Name)

(Document Number)

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07/13/21--01030--002 **11.25

03/22/21--01024--010 **43.75

FILED

2021 JUL -6 PM 1:32

cc
Amend
Klanke
chg

JUL 15 2021

I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: G.M.A.'S, 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:

Sophia Williams

Name of Person

Firm/Company

9424 BAYMEADOWS ROAD, SUITE 250

Address

JACKSONVILLE, FLORIDA 32256

City/State and Zip Code

dacabinvestments@outlook.com

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

For further information concerning this matter, please call:

Sophia Williams

Name of Person

at (904) 915-2052

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



RECEIVED

2021 JUL -6 PM 3:30

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2021

SOPHIA WILLIAMS
20200 WEST DIXIE HWY
STE. 902
AVENTURA, FL 33180

SUBJECT: G.M.A.'S, LLC
Ref. Number: L11000111721

We have received your document for G.M.A.'S, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 021A00011586

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

G.M.A.'S, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/29/2011 and assigned

Florida document number L11000111721

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DACAB INVESTMENTS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9424 BAYMEADOWS ROAD

(Principal office address MUST BE A STREET ADDRESS)

SUITE 250

JACKSONVILLE, FL 32256

Enter new mailing address, if applicable:

9424 BAYMEADOWS ROAD

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 250

JACKSONVILLE, FL 32256

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: SOPHIA WILLIAMS

New Registered Office Address: 9424 BAYMEADOWS ROAD, SUITE 250

Enter Florida street address

JACKSONVILLE, Florida 32256

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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	CHRISTOPHER WILLIAMS JR	9424 BAYMEADOWS ROAD	<input checked="" type="checkbox"/> Add
		SUITE 250	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32256	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee