## L11000121364

(Re	questor's Name)	,		
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:	•		

Office Use Only



700215629407

01/06/12--01002--009 \*\*25.00

2012 JAN -6 PM 4: 03

J. BRYAN

JAN -9 2012

**EXAMINER** 

## **COVER LETTER**

	legistration Se Pivision of Cor			
SUBJECT	Γ:		verything L.L.C.	
		Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please retu	ırn all correspo	ondence concerning this matte	r to the following:	
			Michael Serig	
			Name of Person	
	G.P. Everything L.L.C.			
Firm/Company				
970 Lakeridge Drive		7.0 78		
			Address	ECR T
			range Park, FL 32065	JAN-6 PH
			City/State and Zip Code	SERVICE TO THE
		E-mail address:	serig530@yahoo.com to be used for future annual report notification	To E
For further	r information c	oncerning this matter, please	call:	2012 JAN -6 PH 4: 03 TALLAHASSEE, FLORIDA
		Mike Serig	at (	9910
	Name o	f Person	Area Code & Daytime Tele	phone Number
Enclosed is	s 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ation Section on of Corporations ox 6327	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	s

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G.P.	Everything L.L.C.		
(Name of the Limited Liabili (A Florid	ty Company as it now appea a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	10/24/11	and assigned
Florida document numberL11000121364			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	<u>·e</u> :	
G	.P. Fences LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	ny," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	ORESS)		PS IS T
		H-m	聖三
D			SSE OF
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			- REM 68
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street ad	ldress
		, Florida	
	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 608, 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 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgrm	Michael Serig	970 Lakeridge Drive Orange Park, FL 32065	Add Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
····			Add Remove
			AddRemove
D. If amen 	ding any other information, enter	change(s) here: (Attach additional sheets, if neces	sary.)
- -			2012 JAN - SECRETAL TALLAHAS
Dated	January 5	2012 . Thember or authorized representative of a member	-6 PM 4: 03 NRY OF STATE SSEE, FLORIDA
		Michael Serig Typed or printed name of signee	
		-5E-= E 2.0	

Page 2 of 2

Filing Fee: \$25.00