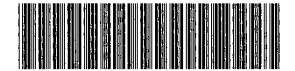
## L1200005066

(R	equestor's Name)	
(Ad	ddress)	
(Ai	ddress)	
(C	ity/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(B	usiness Entity Name	)
(D	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	

Office Use Only



000236600790

06/25/12--01034--024 \*\*55.00

FILED
12 JUN 25 PM 1: 19
SECRETARY OF SIMIE

D. BRUCE

JUN 28 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Sect Division of Corpo						
SUBJECT:GM	3 4, LLC Name of Limit	ed Liability Company				
	mendment and fee(s) are sub-	-				
	margaret	Name of Person	·			
·	P.O. Box 2	Firm/Company				
	Demotte,	Address  IN HU310  City/State and Zip Code  Dokkencenor+. Coop be used for future annual report notifical	tion)	(7)	12 JUN 25	The state of the s
Robert 1	ocerning this matter, please ca	all: at ( <u>850)                                    </u>	888	C OF SIM		
Name of P		Area Code & Daytime T	elephone Number	A	_	
\$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 Certified C (additional	of Status & Copy		
MAILIN	G ADDRESS:	STREET/COURIER	R ADDRESS:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GMBH, L	LC	
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability (	Company were filed on April	13,2012 and assigned
Florida document number <u>L1200005045</u> (	Co	·
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," t	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	\$ m.
		<u> </u>
Enter new mailing address, if applicable:	·	MASS NAME OF THE PROPERTY OF T
(Mailing address MAY BE A POST OFFICE BOX)	·	
		FLO
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our r dress here:	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fi	lorida street address
		, 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 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:

	· Manager I = Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
·			☐ Add ☐ Remove
			Add Remove
			AddRemove
<del></del>	<del></del>		Add Remove
D. If an		e(s) here: (Attach additional sheets, if necessary	F True,
	Geraldine M. Barl Barker	anaging Member ker to Margaret	25
			F. SERIE
Dated	June 17, 20  Signature of a member	or authorized representative of a member	<del></del>
	MARVINE L. Typed	ORLLER or printed name of signee	- <del>-</del>

Page 2 of 2

Filing Fee: \$25.00