

K12000054654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

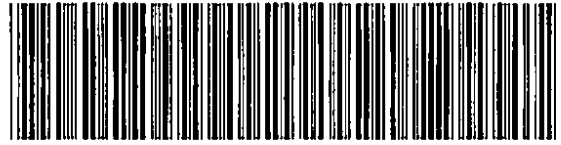
(Business Entity Name)

(Document Number)

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2022 MAY 31 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **GMGM HOLDINGS, 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:

**MICHAEL MALISZEWSKI, ESQ.**

Name of Person

**MICHAEL MALISZEWSKI, PLLC**

Firm/Company

**2384 SW PAMONA STREET**

Address

**PORT ST. LUCIE, FL 34953**

City/State and Zip Code

**MMLAW@USA.NET**

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

For further information concerning this matter, please call:

**MICHAEL MALISZEWSKI, ESQ.**

Name of Person

at (**772**)

Area Code

**323-1945**

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

**GMGM HOLDINGS, LLC.**



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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	George P. Mey, trustee	2337 SW Herronwood Rd.	<input type="checkbox"/> Add
		Palm City, Florida 34990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stephen Archambault	22 Stoney Drive, No. Smithfield, RI 02896	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

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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.

Dated May 25, 2022

Gail M. Muey, TR, MGRM  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

**Gail M. Mey, TR**

Typed or printed name of signee

**Filing Fee: \$25.00**