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TO:

TO: Registration Se Division of Cor			
SUBJECT:	GMGM HOLDINGS,	LLC.	
NOB/ECT.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHAEL MA	ALISZEWSKI, ESQ.	
		Name of Person	
	MICHAEL M	ALISZEWSKI, PLLC	
		Firm/Company	
	2384 SW PA	MONA STREET	
		Address	
	PORT ST. L	UCIE, FL 34953	
		City/State and Zip Code	
	MMLAW@		
	E-mail address. (to be used for future annual report notific	ration)
For further information c	oncerning this matter, please c	all:	
MICHAEL	MALISZEWSKI, ESQ.	at (772) 323-1945	i
Name o	f Person		Telephone Number
Enclosed is a check for the	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 Addres		Street Address:	
Registration S		Registration Sect	
Division of C P.O. Box 632	•	Division of Corp The Centre of Ta	
Tallahassee		2415 N. Monroe	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GMGM HOLDINGS, LLC.

(<u>Name of the Limited Liabili</u> (A Florid	ty Company as it now appea Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on _	4/20/2012	and assigned
Florida document numberL12000054654	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company l	here:	2022 TALL
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	designation "LLC" o	
Enter new principal offices address, if applicable:			SS 3
(Principal office address MUST BE A STREET ADDI	RESS)		mo z m
			70 70
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		,, -	
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our	records, enter th	e name of the new registered
Now Registered Office Address:			
New Negistered Office Address.	Enter Fl	orida street address	
	New Registered Office Address: Enter Florida street address , Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registere			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	omplete performance o gent as provided for in ed office address, I hero	of my duties, and Chapter 605, F.S	I am familiar with and S. Or, if this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	George P. Mey, trustee	2337 SW Herronwood Rd.	□Add
		Palm City, Florida 34990	X Remove
			□Change
MGR	Stephen Archambault	22 Stoney Drive, No. Smithfield, RI 02896	X Add
			□Remove
		TALL A	□Change
			TA TA
			Remove Company
	.		□Add
			□Remove
			□Change
			□Add
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ffective date, if other an effective date is fisted, fote: If the date inserted ocument's effective date.	, the date must be speci ed in this block does	fic and cannot be pri s not meet the appl	icable statutory fi	(opti- more than 90 days after ling requirements, thi	filing.) Pursua	int to 605 of be list	5,0207 ed as 1
record specifies a dela t is filed.	yed effective date, b	ut not an effective	time, at 12:01 a.r.	n. on the earlier of: (b) The 90th	day afte	r the
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ated Moes	- Mael Signatur	e of a member or Au	forwed representat	ive of a member		 _	

Filing Fee: \$25.00