

L12000071747

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(Address)

(Address)

(City/State/Zip/Phone #)

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2013 OCT 15 AM 10:27

J. SAULSBERRY
EXAMINER

OCT 15 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **G4A2, 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:

Clyde McNeal

Name of Person

G4A2, LLC

Firm/Company

205 Worth Avenue, Suite 305

Address

Palm Beach, Florida 33480

City/State and Zip Code

clydeg4a@gmail.com

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

For further information concerning this matter, please call:

Clyde McNeal

Name of Person

at **(561) 389-6641**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

G4A2, 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 5/29/2012 and assigned
Florida document number L12000071747.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

205 Worth Avenue, Suite 305

Palm Beach, Florida 33480

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

205 Worth Avenue, Suite 305

Palm Beach, Florida 33480

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:

Clyde McNeal

New Registered Office Address:

205 Worth Avenue, Suite 305

Enter Florida street address

Palm Beach

City

, Florida 33480

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

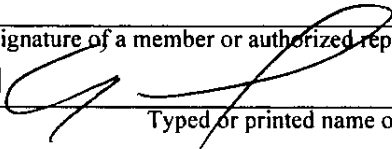
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	G4A, LLC	205 Worth Avenue	<input checked="" type="checkbox"/> Add
		Suite 305	<input type="checkbox"/> Remove
		Palm Beach, FL 33480	
MGRM	G4A, LLC	2574 Monaco Terrace	<input type="checkbox"/> Add
		Palm Beach, FL 33410	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated October 9, 2013.

Signature of a member or authorized representative of a member
Clyde McNeal 

Typed or printed name of signee

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FILED
FBI - MEMPHIS