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SECRETARY OF STATE

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## **COVER LETTER**

| DIVIS                | ion or Corb   | or attotis                                   |   |                  |                |   |
|----------------------|---------------|--|---|------------------|----------------|---|
| SUBJECT: _           | GOEDE, AD     | OAMCZYK, DEBOEST & CF                        | ROSS, PLLC  |                  |                |   |
| SUBJECT: _           |               | Name of Lim                                  | ited Liability Company  |                  |                |   |
| The enclosed A       | Articles of A | mendment and fee(s) are sub-                 | mitted for filing.  |                  |                |   |
| Please return a      | ill correspon | dence concerning this matter                 | to the following:   |                  |                |   |
|                      |               | Steven J. Adamczyk, Esq.                     |   |                  |                |   |
|                      |               |  | Name of Person  |                  |                |   |
|                      |               | GOEDE, ADAMCZYK, D                           | DEBOEST & CROSS, PLLC   |                  |                |   |
|                      |               | <del></del>                                  | Firm/Company  |                  |                |   |
|                      |               | 8950 FONTANA DEL SO                          | DL WAY, STE. 100  |                  |                |   |
|                      |               |  | Address   |                  |                |   |
|                      |               | NAPLES, FL 34109                             |   | ÄLLA             | 2015 S         | - |
|                      |               | SAdamczyk@gadclaw.com                        | City/State and Zip Code   | HASSET           | P -            |   |
|                      |               | E-mail address: (                            | to be used for future annual report notifi                          | ication) ្រា     | <sup>2</sup> π |   |
| For further inf      | ormation co   | ncerning this matter, please co              | all:  | • 1              | <del>ا د</del> | C |
| Steven J. Ada        |               |  | 239 687-3936<br>at ()   | DÃ               |                |   |
|                      | Name of       | Person                                       | Area Code Daytime   | Telephone Number |                |   |
| Enclosed is a        | check for the | e following amount:                          |   |                  |                |   |
| <b>■</b> \$25.00 Fil | ing Fee       | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified (      | e of Status &  |   |

TO:

**Registration Section** 

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GOEDE, ADAMCZYK, DEBOES   |                                       |   |                             |  |
|---|---------------------------------------|---|-----------------------------|--|
| (Name of the Limit  | ed Liability Com<br>(A Florida Limite | pany as it now appears on o<br>d Liability Company) | our records.)               | <del></del>                                      |
| The Articles of Organization for this Limited Li Florida document number L12000129674                       | ability Compa                         | ny were filed on $\frac{10/12/20}{10}$              | 012                         | and assigned                                     |
| This amendment is submitted to amend the follo  | owing:                                |   |                             |  |
| A. If amending name, enter the new name of  | the limited li                        | ability company here:                               |                             |  |
| GADCPE, PLLC  |                                       |   |                             |  |
| he new name must be distinguishable and contain the w   | ords "Limited Lia                     | ability Company," the designa                       | ation "LLC" or the abbrevia | ation "L,L,C."                                   |
| Enter new principal offices address, if applic  | able:                                 | n/a   |                             |  |
| <u>Principal office address MUST BE A STREE</u>   | T ADDRESS)                            |   | 7                           |  |
|   |                                       |   | SE                          | 2015   |
| Enter new mailing address, if applicable:   |                                       | n/a   | RETARY<br>AHASSE            |  |
| <u>Mailing address MAY BE A POST OFFICE .</u>   | BOX)                                  |   |                             | <del>,                                    </del> |
|   |                                       |   |                             |  |
|   |                                       |   |                             |  |
| <ol> <li>If amending the registered agent and/<br/>registered agent and/or the new registered of</li> </ol> |                                       |   | records, effter the         | hame of the                                      |
| egistered agent and of the new registered of  | nee audi ess ii                       |   |                             |  |
| Name of New Registered Agent:   | n/a                                   |   |                             |  |
| New Registered Office Address:  |                                       |   |                             |  |
|   |                                       | Enter Florida sti                                   | reet address                |  |
|   |                                       |   | , Florida                   |  |
|   | ···                                   | City  |                             | ip 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 605. 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 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            |
|--------------|-------------|---------|---------------------------|
| n/a          | n/a         | n/a     | Add                       |
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|              |             |         | □ Change                  |
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|              |             |         | SECRETARY OF STATE Change |
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| September  |  |
| tive date, if other than the date of filing:  September of filing: | to date of filing or more than 90 days after filing ) Pursuant to 60 |
| If the date inserted in this block does not meet the applica       |  |
| ment's effective date on the Department of State's records.        |  |
|  |  |
| ecord specifies a delayed effective date, but no                   | t an effective time, at 12:01 a.m. on the earli                      |
| e 90th day after the record is filed.                              |  |
|  |  |
| September 9 , 2015   |  |
| ,  |  |
|  |  |
| Signature of a member or author                                    | orized representative of a member                                    |
| -  |  |
| Steven J. Adamczyk, Esq.   |  |
| Typed or printo  |  |

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Filing Fee: \$25.00