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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: BLACKLEDGER ENTITY MANAGEMENT LLC

Account Number : I20150000089 Phone

: (305)444-8800

Fax Number

: (305)444-4010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GK FORCE LLC**

Certificate of Status	0
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K. SALY

AUG - 2 2018

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02:38:27 p.m.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GK FORCE LLC	CUR
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number L12000154843	ompany were filed on 12/11/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new</u> lress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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 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

Page 1 of 3

(H180002233503)

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>	Name	Address	Type of Action
MGR	AMTAR LTD.	14401 BLACK QUILL DR	
		WINTER GARDEN, FL 34787	Remove
			Change
MGR	ROBERTO GHARIBE NISSAN	14401 BLACK QUILL DR	
		WINTER GARDEN, FL 34787	Remove
			Change
MGR	NADIA KAIS DE GHARIBE	14401 BLACK QUILL DR	
		WINTER GARDEN, FL 34787	Remove
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an effective date is need, an above	he date of filing:  out be specific and camor be prior to dat  block does not meet the applicable.  Department of State's records.	statutory filing requirements, this	filing ) Pursuant to 695 0207 (3 nb) state will not be listed as the	
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