# L13000008821

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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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JECTETARY OF STATE
TAILMANASSEE, FLORIDA

T. Burch NOV 2.0, 2013,

#### **COVER LETTER**

TO: Registration Section Division of Corporations

G.R.C, 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:

## THOMAS FUGATT

Name of Person

G.R.C, LLC

Firm/Company

## 13222 ROYAL GEORGE AVENUE

Address

ODESSA, FL 33556

City/State and Zip Code

tfugatt@verizon.net

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

For further information concerning this matter, please call:

## THOMAS FUGATT

at (813) 777-2259

Area Code & Daytime Telephone Number

Name of Person

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G.R.C., LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Compan	y were filed on 01/17/2013	and assigned	
lorida document number L13000008821	<del></del>		
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited lia	bility company here:		
he new name must be distinguishable and end with the words "Lin L.L.C."	nited Liability Company," the designation "	LLC" or the abbreviation	
nter new principal offices address, if applicable:	644 day		
Principal office address MUST BE A STREET ADDRESS)		-1 	
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	31	NOV F	
nter new mailing address, if applicable:			
Aailing address MAY BE A POST OFFICE BOX)		S I	
tuning dualess with DEATOST OFFICE DOM			
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. If amending the registered agent and/or registered of	Figs address on our records enter	တ	
gistered agent and/or the new registered office address he		the hame of the he	
	_		
Name of New Registered Agent:		·····	
New Registered Office Address:			
	Enter Florida street ad	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager . MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Minh Ngo	11807 Shire Wycliffe Ct	. Add
		Tampa, FL 33626	Remove
			Add
			Remove
		TAL T	: <del>ವ</del>
		SSAH.	
		EE, FLORIDA	Remove
	•	RIDA	- t-0
			Add
			Remove
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			_ Add
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			_
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f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
November 16th	<u>, 2013</u> .	
Signature of	a member or authorized representative of a member	
THOMAS FUGATT	·	
<del></del>	Typed or printed name of signee	
	D 2 62	

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Filing Fee: \$25.00

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SECRETARY OF STATE
ALLAMANASSEE FLORIDA