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SECREPARY OF STARTE

B. BOSTICK

JUL - 8 2013

EXAMINER

COVER LETTER

TO: Régistration Section Division of Corpor			
SUBJECT:	(TCV LL C Name of Limite	ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subr	mitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
-	Alejano	INO FRANCO Name of Person	
-	Montee		
-	1441 B	MICHCEIL AVE, 15TH	n Floor
-	Micmi,	FL 33/3/	
-	a Franco (E-mail address: (to	© Katsmanlaw o be used for future annual report notification)	inet
For further information conc	erning this matter, please ca	all:	
Alex Fran Name of Pe	rson	at (305 297-19 Area Code & Daytime Telep	hone Number LAHAS
Enclosed is a check for the fo	ollowing amount:	•	SE 5
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	☐\$55.00 filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is englosed)

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

GCVL	LC		
(Name of the Limited Liabil (A Florid	lity Company as it now a la Limited Liability Comp	ppears on our records.) any)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed or トルスト	05/28/13	and assigned
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	mited liability compan	y here:	
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability C	Company," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	mitted to amend the following: senter the new name of the limited liability company here: istinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation ffices address, if applicable: ss MUST BE A STREET ADDRESS) dress, if applicable: (BE A POST OFFICE BOX) registered agent and/or registered office address on our records, enter the name of the new or the new registered office address here: Registered Agent:		
	,	r.,	[]] w
Enter new mailing address, if applicable:	·		Sec. of
(Mailing address MAY BE A POST OFFICE BOX)		¥-	<u> </u>
			ည်း မှ
			
B. If amending the registered agent and/or reg	istered office address	on our records, enter	
registered agent and/or the new registered office ac	ldress here:		
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			_
		Enter Florida street ad	dress
ea.		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>	Name -	Address	Type of Action
MURM	Michael Vieira	2000 Laxeland Drive	Add
	Johnston	Findlay, OH 45840	Remove
			Add
		· ·	Remove
			Add
		ALL	Remove
		NSSEF FLOR IN	Add
			Add
			Remove
			Add

. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
ted	
	Signature of a member or authorized representative of a member
	Alejandro Franco Typed or printed name of signee

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Filing Fee: \$25.00

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