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COVER LETTER

TO: Registration : Division of Co				
GG & M	D, LLC			
	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Gregory Garcia			
		Name of Person		
	N/A			<u>-</u>
		Firm/Company		≱ [[
,	53(X) NW 85 Avc. Unit 15	507		PILED OCT 23 PM RETARD OF AHASSEE, F
		Address		23 Nico O SSEE
	Doral, Florida 33166			<u></u> '€5
	garciamgregoryj@yahoo.co	City/State and Zip Code		6: 29 1416 08IDA
	E-mail address: (to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		
Gregory Garcia		786 612-9211 at ()		
Namo	of Person		Telephone Number	
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 Certificate of Certified Cop (additional copy	Status & by

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

GG & MD, 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 $\frac{07/12/2013}{2}$ _ and assigned Florida document number L13000099246 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 contain the words "Limited Liability Company," the designation "LLC" or the abbre winted Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , Florida

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>	<u>Address</u>	Type of Action
MGRM	DEL JESUS GARCIA MARIN, GREGORY	2700 NW 84th WAY	
		Cooper City, FL 33024	■ Remove
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Tective date, if other than the	date of filing:		(optional)	
an effective date is listed, the date mus ote: If the date inserted in this blo	t be specific and cannot be prio	r to date of filing or more than	90 days after filing.) Pursu	ant to 605.020
ocument's effective date on the De	partment of State's records		ements, mis date with th	or be have a
e record specifies a delayed The 90th day after the rec		ot an effective time, a	it 12:01 a.m. on th	ne earlier (
October 15	2018			
	Signature of a member or auth	orized representative of a me-	mber	 -
1/2		= .		
Gregory Garcia del	Jerne Marin			

Page 3 of 3

Filing Fee: \$25.00