

**-L14000007796-**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 JUL 21 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JUL 22 2014

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **GPS Contracting 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:

**Leonard L. Gullick Jr.**

Name of Person

**GPS Contracting LLC**

Firm/Company

**231 Winson Ave**

Address

**Englewood, FL 34223**

City/State and Zip Code

**gpsswfl@gmail.com**

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

For further information concerning this matter, please call:

**Leonard L. Gullick Jr.**

Name of Person

at **(941) 525-2205**

Area Code

Daytime 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 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**

GPS Contracting 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 01/15/2014 and assigned  
Florida document number L14000007796.

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 end with the words "Limited 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 ADDRESS)

231 Winson Ave.

Englewood, FL 34223

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

231 Winson Ave.

Englewood, FL 34223

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**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:

Mireille A. Bseirani

New Registered Office Address:

231 Winson Ave.

Enter Florida street address

Englewood

City

Florida 34223

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.*

Mireille A. Bseirani

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	William Pfannkuch	231 Winson Ave.	<input checked="" type="checkbox"/> Add
		Englewood, FL 34223	<input type="checkbox"/> Remove
MGR	Charles Stephan	325 Stratford Rd.	<input checked="" type="checkbox"/> Add
		Englewood, FL 34223	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 18, 2014.

Leonard L. Gullick Jr.

Signature of a member or authorized representative of a member

Leonard L. Gullick Jr.

Typed or printed name of signee

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