

L140000 16256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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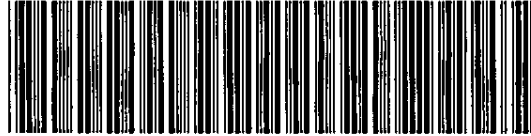
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GWS Management, 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:

Charissa Putnam

Name of Person

GWS Management, LLC

Firm/Company

50 Central Avenue, Suite 950

Address

Sarasota, FL 34236

City/State and Zip Code

cputnam@gwsigcom

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

For further information concerning this matter, please call:

Charissa Putnam

941 328-8988

Name of Person

at ()
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

GWS Management, LLC

(A Florida Limited Liability Company)

Page 1 of 3

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	Matthew Schulz	50 Central Ave	<input type="checkbox"/> Add
		Suite 950	<input checked="" type="checkbox"/> Remove
		Sarasota, FL 34236	
MGR	Columbus Avenue Investments, LLC	50 Central Ave	<input checked="" type="checkbox"/> Add
		Suite 950	<input type="checkbox"/> Remove
		Sarasota, FL 34236	
MBR	Dr. Tracy Gapin	50 Central Ave	<input checked="" type="checkbox"/> Add
		Suite 950	<input type="checkbox"/> Remove
		Sarasota, FL 34236	
MBR	GPS Leasing Partners, LLC	50 Central Ave	<input checked="" type="checkbox"/> Add
		Suite 950	<input type="checkbox"/> Remove
		Sarasota, FL 34236	
MBR	J&L Family Partnership, LLC	50 Central Ave	<input checked="" type="checkbox"/> Add
		Suite 950	<input type="checkbox"/> Remove
		Sarasota, FL 34236	
MBR	J. Alexis Investment Holdings, LLC	50 Central Ave	<input checked="" type="checkbox"/> Add
		Suite 950	<input type="checkbox"/> Remove
		Sarasota, FL 34236	

14 DEC 2011 PM 2:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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	Jordyn Holdings III, LLC	50 Central Ave	<input checked="" type="checkbox"/> Add
		Suite 950	<input type="checkbox"/> Remove
		Sarasota, FL 34236	
MBR	J.A.C. Investment Holdings	50 Central Ave	<input checked="" type="checkbox"/> Add
		Suite 950	<input type="checkbox"/> Remove
		Sarasota, FL 34236	
MBR	Dr. Thomas Hynds	50 Central Ave	<input checked="" type="checkbox"/> Add
		Suite 950	<input type="checkbox"/> Remove
		Sarasota, FL 34236	
MBR	Gluta I, LLC	50 Central Ave	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34236	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

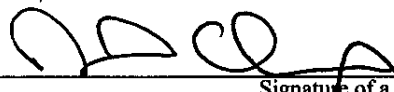
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TALLAHASSEE FLORIDA

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

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 12/19/14, _____.



Signature of a member or authorized representative of a member

David Chassler

Typed or printed name of signer

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Filing Fee: \$25.00

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