

L14 000035527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

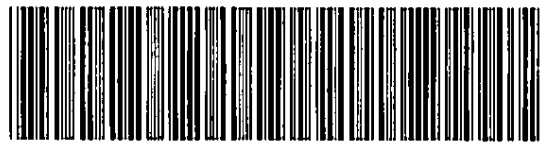
(Business Entity Name)

(Document Number)

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2021 SEP 20 AM 6:43

O SIMMONS

SEP 29 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GSI Home Holdings, 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:

Jeremy Millirons

\_\_\_\_\_  
Name of Person

GSI Home Holdings, LLC

\_\_\_\_\_  
Firm/Company

2356 Frankford Ave

\_\_\_\_\_  
Address

Panama City, FL 32405

\_\_\_\_\_  
City/State and Zip Code

jeremy@gsihh.com

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

For further information concerning this matter, please call:

Kristian Millirons

850 866-9664  
at ( )

\_\_\_\_\_  
Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2021 SEP 20 AM 6:44

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "limited liability company," the designation "LLC" or the abbreviation "L.L.C."

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2356 Frankford Ave  
Panama City, FL 32405

\_\_\_\_\_, **Florida** \_\_\_\_\_  
*City* *Zip Code*

**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

2018. 20 11 6:44

| <u>Title</u> | <u>Name</u>         | <u>Address</u>                  | <u>Type of Action</u>                      |
|--------------|---------------------|---------------------------------|--|
| MGR          | Stephen P Trosclair | 3305 Terra Cotta Dr             | <input checked="" type="checkbox"/> Add    |
|              |                     | Panama City Beach Florida 32408 | <input type="checkbox"/> Remove            |
|              |                     |                                 | <input type="checkbox"/> Change            |
| MGR          | Jeremy J Millirons  | PO BOX 15148                    | <input type="checkbox"/> Add               |
|              |                     | PANAMA CITY, FL 32406           | <input type="checkbox"/> Remove            |
|              |                     |                                 | <input checked="" type="checkbox"/> Change |
|              |                     |                                 | <input type="checkbox"/> Add               |
|              |                     |                                 | <input type="checkbox"/> Remove            |
|              |                     |                                 | <input type="checkbox"/> Change            |
|              |                     |                                 | <input type="checkbox"/> Add               |
|              |                     |                                 | <input type="checkbox"/> Remove            |
|              |                     |                                 | <input type="checkbox"/> Change            |
|              |                     |                                 | <input type="checkbox"/> Add               |
|              |                     |                                 | <input type="checkbox"/> Remove            |
|              |                     |                                 | <input type="checkbox"/> Change            |
|              |                     |                                 | <input type="checkbox"/> Add               |
|              |                     |                                 | <input type="checkbox"/> Remove            |
|              |                     |                                 | <input type="checkbox"/> Change            |

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

[illegible]

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 14

2021

Signature of a member or authorized representative of a member

Jeremy J Millirons

Typed or printed name of signee

**Filing Fee: \$25.00**