

LP4000082164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

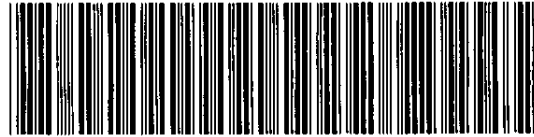
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300268254113

RECEIVED

DEPARTMENT OF STATE  
OFFICE OF THE SECRETARY

FILED

15 FEB 13 PM 4:34

2015 FEB 13 PM 2:11

NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FEB 16 2015

J. BRUCE

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I200000000195

REFERENCE : 502611 4324340

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : February 13, 2015

ORDER TIME : 2:26 PM

ORDER NO. : 502611-005

CUSTOMER NO: 4324340

DOMESTIC AMENDMENT FILING

NAME: P & R ART LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
2015 FEB 13 PM 2:11  
CLERK OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

P & R Art 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 May 20, 2014 and assigned  
Florida document number L14000082164.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

GFIE, LLC

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)

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

City, Florida 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.*

If Changing Registered Agent, Signature of New Registered Agent

FILED  
2014 MAY 23 PM 2:11  
CLERK OF DISTRICT COURT  
FLORIDA

**MGR = Manager**  
**AMBR = Authorized Member**

FILED  
2015 FEB 13 PM 2:11  
CLERK OF DISTRICT COURT  
JANUARY 2015  
ADD  
REMOVE  
ADD

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 February 13, 2015



Signature of a member or authorized representative of a member

Robert B. Goergen

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2015 FEB 13 PM 2:11  
CLERK OF STATE  
TALLAHASSEE FLORIDA