L140006 85284

(F	Requestor's Name)	
(A	Address)	
4)	Address)	
(C	City/State/Zip/Phone	#)
PICK-UP	 WAIT	MAIL
(E	Business Entity Nam	e)
(0	Occument Number)	
Certified Copies	Certificates	of Status
Special Instructions t	o Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

SIBRECT. GGMY 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:

Keith Vertes

Name of Person

GGMW LLC

Firm/Company

124 Canal Rd.

Address

Santa Rosa Beach, FL 32459

City/State and Zip Code

kv2288@gmail.com

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

For further information concerning this matter, please call:

Keith Vertes

,,480,335-4165

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/COURIER ADDRESS: Registration Section Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GGMY LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L14000085254</u>	pility Company were filed on May 28, 2014	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
GGMW LLC		
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> ce address here:	the name of the new
Name of New Registered Agent:		er e
		ζ
New Registered Office Address:	Enter Florida street address	
	Th	Cπ
	, Florida	Zip Code
New Registered Agent's Signature, if changing Reg	zistered Agent:	***
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further ag and complete performance of my duties, and I am j cred agent as provided for in Chapter 605, F.S. Or, gistered office address, I hereby confirm that the lin	familiar with and if this document is
company has been notified in writing of this ch		•

Page 1 of 3

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:

<u>Title</u>	Name	Address	Type of Action
		was a second of the second of	□ Add
		• • • • • • • • • • • • • • • • • • • •	□ Remove
		 	Add
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			_ □ Remove
			
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		p-4-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
			□ Add

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(The effective date must be spe	than the date of filing:	
(The effective date must be spe the date this document is filed	ecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after	
(The effective date must be spe	scific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after d by the Florida Department of State)	
(The effective date must be spe the date this document is filed	coific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after d by the Florida Department of State) 2014 Signature of a member or authorized representative of a member	_

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Filing Fee: \$25.00