Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: SMALL BUSINESS RESOURCES USA, INC

Account Number : I20040000173

Phone

Fax Number

: (407)298-4646 : (407)297-0588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

	- 1 -	**	
Email	Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN G3 ESTATES LLC

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FAX ALDK# H 14/0002916513

## COVER LETTER

	istration Sec Ision of Corp		·		
UBJECT:	G3 Estate	es LLC			
oparc1.		Name of Lin	ited Liability Company		
			•		
ie enclosed	Articles of A	amendment and fee(s) are sub	mitted for filing.		
ease return	all correspon	dence concerning this matter	to the following:		
		James K. Duerr, CP	A		
			Name of Person		
		Small Business Res	ources USA, Inc.		
			Firm/Company		
		1601 Park Center Drive, Ste. 6A			
			Address		
		Orlando, FL 32835			
			City/State and Zip Code		
		Jimd@sbrorlando.co	M to be used for future annual report notifi		
r furth <b>er</b> in	formation co	ncerning this matter, please c	·	(cat(on)	
ames K. Duerr, CPA		A	407 298-4646	·	
	Name of	Person		Telephone Number	
iclosed is a	check for the	following amount:			
\$25.00 Fi	ling 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

FAX AUDIT # 74140002991 6513

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G3 Estates LLC	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comparation for the Limited Liability Comparation document number L14000186791	my were filed on December 08, 2014 and assigned
This amendment is submitted to amend the following:	
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 December 08, 2014 and assigned dorida document number L14000186791  This amendment is submitted to amend the following:  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 abarevisation "LLC" after new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  The new mailing address, if applicable:	
he new name must be distinguishable and end with the words "Limited L	iability Company," the designation "LLC" or the abareviation "L.L.C."
Enter new principal offices address, if applicable:	EUR 40
Principal office address MUST BE A STREET ADDRESS)	Res C
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Enter new mailing address, if applicable:	Γ= c/1 * · ·
Mailing address MAY BE A POST OFFICE BOX)	REST. L.
	D
egistered agent and/or the new registered office address be	office address on our records, enter the name of the ere:
Name of New Registered Agent:	
New Registered Office Address:	
`.	Enter Florida street address
·	
	City 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

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FAX AUDIT # H 140002916543

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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>	Address	Type of Action
MGR	Integrity Trust No. 2114	5337 N, Socrum Loop Road	□ Add
	<i>;</i>	Sulte 148	Remove
		Lakeland, FL 33809	
MGR	Brian Gingras	5337 N. Socrum Loop Road	<b>A</b> dd
		Suite 148	□ Remove
		Lakeland, FL 33809	
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D. If amen	ding any other	information, ente	r change(s) here:	(Attach additional	)-9/6543 sheets, if necessary.)		
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(The effect	ive date must be sp	ecific, cannot be prior to ed by the Florida Depart	date of receipt or file	ed date and cannot be mor	re than 90 days after		
Dated D	ecember 17		2014	_ •			
	· ·	James	X (	al			
	James K. [		Ta member or author	zed representative of a r	nember		
			Typed or printed	name of signee			
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Filing Fee: \$25.00

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