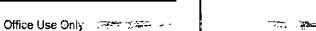
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(Req	uestor's Name)	l
(Add	ress)	
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PICK-UP	WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	es of Status
Special Instructions to F	iling Officer:	





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JAN 28 2015 D. BRUCE

COVER LETTER

TU: Registration S Division of Co					
G S Gar	rett LLC				
SUBJECT.	Name of Lim	ited Liability Company			
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	C S Garrett	•			
		Name of Person			
	C S Garrett LLC				
		Firm/Company			
	259 Oakwood Trl				
		Address			
	Crawfordville FL 32	327			
		City/State and Zip Code		2015 TALL	اعتالمت
	lorra@shepardaccou	_		LAH.	£
		to be used for future annual report notific	cation)	SS = =	Parameter .
For further information of	concerning this matter, please c	all:		4 2 3 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	T
C S Garrett		850 228-9671		PH 5: 41 Y OF STATE SEE FLORIDA	Carrier Carrier
Name o	of Person	Area Code Daytime	Telephone Number	ATE A	
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
MAH	INC ADDRESS.	CTREET/COURSE	D ADDRESS.		

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

G S Garrett LLC		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liabili	ty Company were filed on 1/1/2015	and assigned
Florida document number L15000000388		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
C S Garrett LLC		
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET AI	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	₩ 2
		AN SHA
B. If amending the registered agent and/or r registered agent and/or the new registered office:	egistered office address on our records, <u>e</u>	nter the name of the nev
registered agent and/or the new registered office	address here:	Engagement
·		PH 5:
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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

Page 1 of 3

EFFECTIVE	DATE
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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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			□ Remove
			□ Remove
			Add S
			JAME REMOVE AHASSEE FLORIDA ARASSEE FLORIDA
	<u></u>		☐ Remove
			□ Add
			□ Remove

	on, enter change(s) here: (Attach ad	, , , , , , , , , , , , , , , , , , ,
		
Effective date, if other than the d (The effective date must be specific, cannot the date this document is filed by the Flor	t be prior to date of receipt or filed date and car	(optional) nnot be more than 90 days after
Dated January 9	2015	
14	7	
- Com	lignature of a member or authorized represent	lative of a member
C S Garrett		
	Typed or printed name of sign	00

Page 3 of 3

Filing Fee: \$25.00

2015 JAN 14 PH 5: 41