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| (Requestor's Name) |
|-------------------------------------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certificates of Status |
| ons to Filing Officer: |
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| (Business Entity Name) (Document Number) Certificates of Status |

Office Use Only



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SECRETARY OF STATE

SECRETARY OF STATE
DIVISION OF CORPORATION

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COVER LETTER

Registration Section
Division of Corporations

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

TO:

| SUBJECT: Randy L Hamilton GC 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: |
| Rardy L Hamilton Name of Person |
| Randy L Hamilton GC LLC Firm/Company |
| 2900 SW San Antonio Drive |
| Palm City FL 34990 Gity/State and Zip Code |
| Randy L Hami Hon GC & gmail. Com F-mail address: (to be used for future annual reportadification) |
| For further information concerning this matter, please call: |
| Theresa Hami Han at 772 323.1275 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \(\text{Certificate of Status} \) \(\text{Certified Copy} \\ (additional copy is enclosed) \) \(\text{Certified Copy} \\ (additional copy is enclosed) \) \(\text{Certified Copy} \\ (additional copy is enclosed) \) |
| MAILING ADDRESS: STREET/COURIER ADDRESS: 生品 写 |

Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Randy L Hamilton GC LLC

| (Name of the Limited Liability Compan (A Florida Limited L | i <mark>y as it now appears on our</mark> ability Company) | records.) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------|
| The Articles of Organization for this Limited Liability Company Florida document numberL1500008274 | were filed on Jan | 14, 2015 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation | on "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 off registered agent and/or the new registered office address here Name of New Registered Agent: | | ecords, enter the name of the new |
| New Registered Office Address: | | |
| | Enter Florida stree | t address |
| | Cirv | , Florida Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | City | zip Code |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pairing filed to merely reflect a change in the registered office a company has been notified in writing of this change. | performance of my dui rovided for in Chapter address, I hereby conf | ies, and I am familiar with and 605, F.S. Or, if this documents |
| i Chan | and and and and are and are | ST S |
| Page 1 | of 3 | 晋 0 4 4 |

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 **Type of Action** Title Name ☐ Change _□ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

| , . | . If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| 1 | Effective date, if other than the date of filing: |
| | the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. |
| | Dated 6/18/15 |
| | Signature of a member or authorized representative of a member |
| | |
| | Theresa Hamilton |
| | Typed or printed name of signee SSER 22 |
| | Page 3 of 3 Page 3 of 3 Filing Fee: \$25.00 |
| | Page 3 of 3 Filing Fee: \$25.00 Filing Fee: \$25.00 |
| | |