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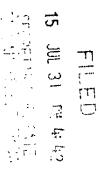
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S. YOUNG

COVER LETTER

то:	Registration Sec Division of Corp		· · · · · · · · · · · · · · · · · · ·				
SUBJEC	GKC EXC	IANGE, LLC					
SUBJEC	∠ l i <u></u>	Name of Lin	nited Liability Company				
The encl	osed Articles of A	Amendment and fee(s) are sub	omitted for filing.				
Please re	eturn all correspoi	ndence concerning this matter	to the following:				
		EVON WARREN CAMP	BELL				
			Name of Person				
		GKC EXCHANGE, LLC					
			Firm/Company				
		3432 NW 86TH WAY #D	205				
			Address		三治 3	S	
		SUNRISE, FL 33351					T
	*		City/State and Zip Code			<u>ယ</u>	
	• •	E-mail address: (to be used for future annual report notifi	cation)			سيا
For furth	er information co	ncerning this matter, please c	ali:		ज़िल्ली दुल्ली	(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
EVON V	WARREN CAME		954 226-4622 at ()			_	
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed	l is a check for the	e following amount:					
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Fil Certificat Certified (additional	te of Statu		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Ivalie of the Island	nited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)				
The Articles of Organization for this Limited Florida document number 1.15000011418	Liability Company were filed o	on JANUARY 20, 2015 and assigned				
This amendment is submitted to amend the fo	llowing:	·				
A. If amending name, enter the new name	of the limited liability compa	ny here:				
The new name must be distinguishable and contain the	words "Limited Liability Company,"					
Enter new principal offices address, if appl	icable:	्थ ज				
(Principal office address MUST BE A STRE	EET ADDRESS)	二祖 告 五				
Enter new mailing address, if applicable:		2 3 F				
Mailing address MAY BE A POST OFFICE	E BOX)	The state of the s				
		ss on our records, enter the name of th				
registered agent and/or the new registered	_					
Name of New Registered Agent:	EVON WARREN CAMPBE	ELL				
	EVON WARREN CAMPBE)5				
-	EVON WARREN CAMPBE					

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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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Filing Fee: \$25.00