## L150000 48554

(Requestor's	Name)
(Address)	
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PICK-UP V	VAIT MAIL
(Business E	ntity Name)
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Certified Copies Ce	ertificates of Status
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## **COVER LETTER**

TO:

Registration Section

Divis	sion of Cor	porations		
eudiect.	GSA Holdir	ngs LLC		• .
SUBJECT: _		Name of Lim	ited Liability Company	<u> </u>
The enclosed.	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		Judy Whitaker		
			Name of Person	
		GSA Holdings LLC		
		Name of Limited Liability Company  ticles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:    Judy Whitaker		
		1800 72nd Avenue NE	Address	
		St Petersburg, FL 33702-4		
				<del></del>
		= = =	to be used for future annual report not	ification)
For further inf	ormation co			
Judy Whitake	r			
	Name of	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	ling Fee		Certified Copy	Certificate of Status & Certified Copy
	ing Addres			ection
Division of Corporations				
	Box 632	•	The Centre of	= -
Talla	ahassee, F	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**GSA Holdings LLC** 

2020 SE128 PH 3: 47

(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 March 18, 2015	and assigned		
Florida document number L15000048554				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1800 72nd Avenue NE			
(Principal office address MUST BE A STREET ADDRESS)	St Petersburg, FL 33702-4714			
Enter new mailing address, if applicable:	1800 72nd Avenue NE			
(Mailing address MAY BE A POST OFFICE BOX)	St Petersburg, FL 33702-4714			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the	name of the new registered		
New Registered Office Address:	Enter Florida street address			
<del></del>	, Florid , Florid	aZip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agro- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is		

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	2/318E 26 PM 3:	47 Type of Action
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Effective date, if other than th	Octobe date of filing:	r 8, 2020	(6	optional)	
(If an effective date is listed, the date mu	st be specific and cannot be		ng or more than 90 days	after filing.) Pursuant to	
Note: If the date inserted in this be document's effective date on the I			ry filing requirements	, this date will not be	listed as the
document's effective date on the f	epartment of state \$ rec	orus.			
the record specifies a delayed effecti ford is filed.	e date, but not an effecti	ive time, at 12:0	I a.m. on the earlier o	f: (b) The 90th day a	ifter the
ord is fried.					
September 22	2020				
Dated	<u> </u>	·			
	1.10 -				
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Typed or printed name of signee