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COVER LETTER

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CUBICA	GG & K H	· · · · · · · · · · · · · · · · · · ·	
SUBJEC	ui:	Name of Limited Liability Company	
The encl	losed Articles of	f Amendment and fee(s) are submitted for filing.	
Please re	eturn all correspo	ondence concerning this matter to the following:	
		Robert S. Kramer	
		Name of Person	_
		Kramer, Sopko & Levenstein, P.A.	
		Firm/Company	_
		2300 SE Monterey Road, Suite 100	
		Address	_
		Stuart, FL 34996	
		City/State and Zip Code	_
		kimkosanovich@prodigy.net	
		E-mail address: (to be used for future annual report notification)	
For furth	er information co	concerning this matter, please call:	
Robert I	Kramer	772 288-0048 at ()	
	Name of	of Person Area Code Daytime Telephone Numbe	T
Enclosed	d is a check for th	the following amount:	
□ \$25.0	00 Filing Fee	(additional copy is enclosed) Certified	ate of Status &

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

GG & K Holdings, LLC				
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)			
(**************************************	, r			
he Articles of Organization for this Limited Liability Company were filed	on April 16, 2015 and assigned			
orida document number L5000066851				
nis amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liability compa	any here:			
e new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LLC" or the abbreviation "L.L.C."			
nter new principal offices address, if applicable:				
rincipal office address MUST BE A STREET ADDRESS)				
methin office undiress most big mistricial models of				
nter new mailing address, if applicable:				
lailing address MAY BE A POST OFFICE BOX)	<u> </u>			
	- 5			
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•	₩. N			
If amending the registered agent and/or registered office addre	ess on our records, enter-the name of the			
gistered agent and/or the new registered office address here:				
	<u> </u>			
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:	:			
En	ter Florida street address			
	T1			
City	, Florida Zip Code			
CHY	ZID COUL			

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jason L. Gorman	111 West Maple Street, #3101	□ Add
		Chicago, IL 60610	■ Remove
MGR	John E. Gorman	2215 York Road, Suite 203	_ ■ Add
		Oak Brook, IL 60523	_ □ Remove
			Change
			Add
			Add Cb Remove
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ective date, if other than the date effective date is listed, the date must be	ite of filing:		(option	nal)	- France	
terective date is listed, the date must be the late must be the date inserted in this block turnent's effective date on the Department's	c does not meet the appli	cable statutory filin	ore than 90 days after f g requirements, this	iling.) Pursi date will n	uant to 60 not be lis	05.02 sted
record specifies a delayed e he 90th day after the record	ffective date, but no	ot an effective t	ime, at 12:01 a.	m. on th	ne ear	lier
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ed September 19	2016	<u></u> .				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00