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SECRETARY OF STATE

SECRETARY OF STATE DIVISION OF CORPORATIONS

JUN 29 2015

P MACON

COVER LETTER

Division of Con			**			
SUBJECT:	Name of Lim	ited Liability Company		-		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
	George Cote					
		Name of Person		_		
	GMC Services, LLC					
		Firm/Company				
	2503 Bordeaux Way					
		Address				<u>ب</u>
	Lutz, FL 33559			38E	35	SEC.
	wade.parrish@parrishcpas.c	City/State and Zip Code		CHETW	JUN 26	RETAR PRETAR
	E-mail address: (to be used for future annual report notifi	cation)			
For further information of	concerning this matter, please c	all:		FLOAN FLOAN	₩ 10: 5:	F STA
George Cote		813 478-7140 at (司信	55	TION:
Name o	of Person	· · · · · · · · · · · · · · · · · · ·	Telephone Numb	per	-	ξΩ.
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)	Certifi	Filing Fe cate of St ed Copy nal copy is	tatus &	

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

<u>Jiability Company as it now appears on out</u> Torida Limited Liability Company)	r records.)
lity Company were filed on April 28,	2015 and assigned
ng:	
e limited liability company here:	
s "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
e:	
(DDRESS)	
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<u>X)</u>	
<u></u>	
registered office address on our	records, enter the name of the
: address nere;	
Futer Florida etra	os addross
Enter Florida stre	et address , Florida
1 - r - e - 1	rig: e limited liability company here: "Limited Liability Company," the designation: E: DDRESS)

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 amonding 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	Type of Action
AMBR	John Grosso	9827 Ginger Dr	■ Add
		Riverview, FL 33578	□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change
		 	Add
		SECRETARY OF STATE FALLAHASSEE FLORIDA	FILEU FILEU Removision of corporations Removisio

rective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuar tet. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not cument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the fine 90th day after the record is filed. ted June 18 2015 Signature of a member or authorized representative of a member	
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Signature of a member or authorized representative of a member	SECRETA SECRETA
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George Cote George Cote	399 U
George Cote Typed or printed name of signee	STA STA

Page 3 of 3

Filing Fee: \$25.00