## L15 000 092589

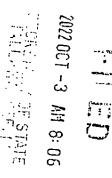
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
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Office Use Only



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A. BUTLER

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

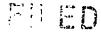
Tallahassee, FL 32314

| GMSTEK.                       | LLC  |   |   |  |  |
|-------------------------------|--|---|---|--|--|
| SUBJECT:                      | Name of Lim                                  | ited Liability Company  | <del></del>   |  |  |
| The enclosed Articles of      | Amendment and fee(s) are sub                 | mitted for filing.  |   |  |  |
| Please return all correspo    | ondence concerning this matter               | to the following:   |   |  |  |
|                               | Dale Hersey                                  |   |   |  |  |
|                               |  | Name of Person  |   |  |  |
|                               | GMSTEK, LLC                                  |   |   |  |  |
|                               |  | Firm/Company  |   |  |  |
|                               | 525 South Flagler Drive. S                   | uite 500  |   |  |  |
|                               |  | Address   |   |  |  |
|                               | West Palm Beach, Florida                     |   |   |  |  |
|                               |  | City/State and Zip Code   | <del></del>   |  |  |
|                               | ssandler@gmstek.com                          |   |   |  |  |
|                               | E-mail address: (                            | to be used for future annual report not                             | ification)  |  |  |
| For further information c     | oncerning this matter, please co             | all:  |   |  |  |
| Dale Hersey                   |  | 561 246-0017  |   |  |  |
| Name o                        | f Person                                     | at () Area Code Daytin  | ne Telephone Number   |  |  |
| Enclosed is a check for the   | he following amount:                         |   |   |  |  |
| ■ \$25.00 Filing Fee          | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |
| Mailing Address Registration  | Section                                      | Street Address:<br>Registration Se                                  |   |  |  |
| Division of C<br>P.O. Box 632 |  |   | Division of Corporations The Centre of Tallahassee  |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| - | , |   | 0.1 | 2421 | . 1 | · ·   |
|---|---|---|-----|------|-----|-------|
| Ĺ | J | M | 2   | ľEK  | . I | <br>· |

<u> 2022 OCT -3 AH 8: 06</u>

(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   | a Company we        | re filed on 05/2° | 7/2015             |                  | F STATE              |
|---|---------------------|-------------------|--------------------|------------------|----------------------|
|   | Company we          | e med on          |                    |                  | _ and assigned       |
| Florida document number L15000092589  | <del></del> ·       |                   |                    |                  |                      |
| This amendment is submitted to amend the following:   | :                   |                   |                    |                  |                      |
| A. If amending name, enter the new name of the li   | imited liability    | company her       | <u>re</u> :        |                  |                      |
| The new name must be distinguishable and contain the words "i   | .imited Liability ( | Company," the des | signation "L.I.    | .C" or the abbre | viation "L.L.C."     |
| Enter new principal offices address, if applicable:   |                     |                   |                    |                  | <u> </u>             |
| (Principal office address MUST BE A STREET AD)  | DRESS) _            |                   |                    |                  |                      |
|   |                     |                   |                    | <u> </u>         |                      |
|   |                     |                   |                    |                  |                      |
| Enter new mailing address, if applicable:   | _                   |                   |                    | <del></del>      | _ <del></del>        |
| (Mailing address MAY BE A POST OFFICE BOX)  |                     |                   |                    |                  |                      |
|   | -                   | <u></u>           | <u> </u>           |                  |                      |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here |                     | ress on our rec   | cords, <u>ente</u> | er the name o    | f the new registered |
| Name of New Registered Agent:   | <u>.</u>            |                   |                    |                  |                      |
| New Registered Office Address:  |                     |                   |                    |                  |                      |
| <del></del>   |                     | Enter Florid      | la street addr     | ess              |                      |
|   |                     |                   | Į.                 | Florida          |                      |
|   |                     | Ciţy              | · •                |                  | Zip Code             |
| New Degistered Agent's Signature if changing Degiste  | and Agents          |                   |                    |                  |                      |

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 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> | Name           | <u>Address</u>                     | Type of Action |
|--------------|----------------|------------------------------------|----------------|
| MGR          | Dale Hersey    | 525 South Flagler Drive, Suite 500 | <b>=</b> Add   |
|              |                | West Palm Beach, Florida 33401     | □Remove        |
|              |                |                                    | □Change        |
| MGR          | James Wiley    | 18001 Old Cutler Road, Suite 472   | ■Add           |
|              |                | Palmetto Bay, Florida 33157        |                |
|              |                |                                    | □Change        |
| MGR<br>      | Eric Howe      | 7340 NW 28th Way                   | ■Add           |
|              |                | Boca Raton, Florida 33496          | □Remove        |
|              |                |                                    | □Change        |
| MGR          | Shaun McGruder | 525 South Flagler Drive, Suite 201 | □Add           |
|              |                | West Palm Beach, Florida 33401     | □Remove        |
|              |                |                                    | ■ Change       |
|              |                |                                    |                |
|              |                |                                    | □ Remove       |
|              |                | <del></del>                        | □Change        |
|              | <del></del>    |                                    | □Add           |
|              |                |                                    | □Remove        |
|              |                |                                    | □Change        |

| 11 amyn                        | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)                                |
|--------------------------------|--|
|                                | <del></del>  |
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|                                |  |
| If an effec<br><u>Note:</u> If | e date, if other than the date of filing:  |
| ne record :<br>ord is filed    | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated _                        | Ceptimber 30 2022  |
|                                | Signature of a member or authorized representative of a member   |
|                                | Shaun McGruder  Typed or printed name of signee  |