

L15000138442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

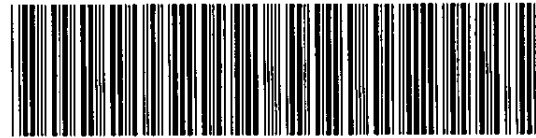
(Business Entity Name)

(Document Number)

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2015 AUG 20 PM 4: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
AUG 21 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GC ILP, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason O. Floyd

Name of Person

The Vestcor Companies, Inc.

Firm/Company

3030 Hartley Road, Suite 310

Address

Jacksonville, FL 32257

City/State and Zip Code

bowles@vestcor.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason O. Floyd

at (904) 288-7822
Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED
2015 AUG 20 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: GC ILP, LLC

SECOND: The Florida Document number of the limited liability company is: L15000138442

THIRD: Document to be corrected is:
GC ILP, LLC ARTICLES OF ORGANIZATION

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

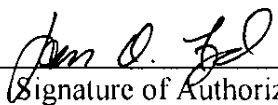
Typographical error. The entity name should be BC ILP, LLC

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

The electronic transmission of the record was defective.

 8-19-15
Signature of Authorized Representative Date

**Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)**