L15000187400

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



100330178061

06/10/19--01032--021 **25.00





COVER LETTER

TO:

Registration Section **Division of Corporations**

GCA POI	MPANO DEVELOPMENT LL	С	Į. ž
SUBJECT:	Name of Lim	ited Liability Company	· ·
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	1.
Please return all corresp	ondence concerning this matter	to the following:	
	FREDERIC M. BARTHE, E	sq.	
		Name of Person	
		Firm/Company	
	17 SE 24TH AVE. 2ND FL	OOR	
	POMPANO BEACH, FL 33	Address 062	
	FBARTHELAW@GMAIL.CO	City/State and Zip Code DM	
		to be used for future annual report noti	itication)
FREDERIC BARTHE	concerning this matter, please e	ati: 954 784-2800	
	of Person	at ()	ne Telephone Number
Name	ot retson	Area Code Dayun	te Telephone (vuriber
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis	LING ADDRESS: tration Section	STREET/COUR Registration Section	on
P.O. I	ion of Corporations Box 6327 hassee, FL 32314	Division of Corpo Clifton Building 2661 Executive Co	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GCA POMPANO DEVELOPMENT LLC

(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 Compa	any were filed on 11/04/2015	and assigned
Florida document number L15000187400		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
PURE POMPANO DEVELOPMENT LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		
	·	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the new
registered agent and/or the new registered office address	nere.	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	Zip Code

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

$\mathbf{AMBR} = A$	Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			■ Remove
			Change
		water in the second sec	□ Remove
			☐ Change
		 	
			Remove
			Change
			□ Remove
			□ Change
			Add
		Rem	□ Remove
			Change
			Add
			☐ Remove
			□ Change

					-
					-
					-
					-
					-
					_
					_
					•
					-
					=
	_				-
	_				-
				-	-
					-
<u></u>					-
	·				-
					-
Effective date, if other than the lift an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet th	ie applicable statutorj	g or more than 90 days a y filing requirements.	ptional) fler filing.) Pursuant to 605 this date will not be list	5,0207 ted as
ne record specifies a delay The 90th day after the r		but not an effect	ive time, at 12:0	1 a.m. on the earli	ier o
JUNE 7	20	19 . /			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00