## L16000062581

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## **COVER LETTER**

TO: Registration S Division of Co			
GSC TEK			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	GUSTAVO CEPEDA		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	GSC TEK, LLC.		
		Firm/Company	
	204 NORTHBEND CT		
		Address	
		City/State and Zip Code	21
	NEWARK, DE 19702		77 P
		(to be used for future annual report notification)	三、 5
For further information	concerning this matter, please c	rall:	ف ا
GUSTAVO CEPEDA		954 648-2651 at ( )	至
Name	of Person	Area Code Daytime Telephone Number	2021 AUS -9 AM 10: 14
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60.00 Filin  Certified Copy (additional copy is enclosed) ☐ Certified Co (additional copy)	of Status &
<u>Mailing Addre</u> Registration		Street Address: Registration Section	
Division of C	Corporations	Division of Corporations	
P.O. Box 63		The Centre of Tallahassee	<b>)</b>

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GSC TEK, LLC.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on April. 2016	and assigned
lorida document number 1.16000062581		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.1C,"
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		22
		021 AUG
		9
inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		SS 3 5
		平 二
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	4149	
	Enter Florida street address	
	, Florid	
	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, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			Remove AUG ange
			Change And D
			☐ Change
			□Add
			□Remove
		-	Change
			□Add
			□Remove
			Change

Limited Liability Corporation wi	Lengage in Real Estate Investments and any o	ther related Legal activities.
		<del>-</del>
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		AUG LL/
		## -9 #AS
		AH IO
<del>.</del>		
	<del></del>	<u> </u>
	7/28/2021	
tive date, if other than the dat fective date is listed, the date must be :	e of filing: (720/2021) specific and cannot be prior to date of filing or more to	(optional) than 90 days after (fling.) Pursuant to 605
	loes not meet the applicable statutory filing re	
nent a cricente date on the isepan	mon or come of records.	
	e, but not an effective time, at 12:01 a.m. on the	he carlier of: (b) The 90th day afte
iled.		
August 1	2021	
	( A W -	