## L160000084427

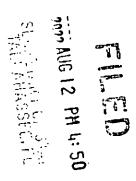
| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
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| (City/State/Zip/Phone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



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### **COVER LETTER**

| TO: Registration Section Division of Corporations                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: GCA Services LLC                                                                                                                                                                               |
| Name of Limited Liability Company                                                                                                                                                                       |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.                                                                                                                                 |
| Please return all correspondence concerning this matter to the following:                                                                                                                               |
| Kristyn Ritchie                                                                                                                                                                                         |
| Name of Person  Services UC  Firm/Company                                                                                                                                                               |
| 1550 Belleain Road                                                                                                                                                                                      |
| Clearwater Fi 33756                                                                                                                                                                                     |
| City/State and Zip Code  GASERVICES II C. G. Yahoo. Lem  E-mail address: (to be used for future annual report notification)                                                                             |
| For further information concerning this matter, please call:                                                                                                                                            |
| Kristyn Ritchie at 727, 459-6378  Name of Person  Area Code  Daytime Telephone Number                                                                                                                   |
| Namel of Person Area Code Daytime Telephone Number                                                                                                                                                      |
| Enclosed is a check for the following amount:                                                                                                                                                           |
| ☐ \$25.00 Filing Fee Certificate of Status  ☐ \$30.00 Filing Fee Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

202211 1-3 AH 10: 25

October 27, 2022

KRISTYN RITCHIE 1550 BELLEAIR ROAD CLEARWATER, FL 33756

SUBJECT: GCA SERVICES, LLC Ref. Number: L16000084427

We have received your document for GCA SERVICES, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 522A00024100

Correct Docs attached

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| JUA SINUS, L                                                                                                      | 2022 AUG 12 PH 4: 50                                                |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| (Name of the Limited Liability Comp<br>(A Florida Limited                                                         | Liability Company)                                                  |
| The Articles of Organization for this Limited Liability Compan                                                    | y were filed on 426 2016 and assigned                               |
| Florida document number <u>LJ 600008442</u> 7                                                                     |                                                                     |
| This amendment is submitted to amend the following:                                                               |                                                                     |
| A. If amending name, enter the new name of the limited lia                                                        | bility company here:                                                |
| The new name must be distinguishable and contain the words "Limited Liab                                          | oility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                                                               |                                                                     |
| (Principal office address MUST BE A STREET ADDRESS)                                                               | MA                                                                  |
| Enter new mailing address, if applicable:                                                                         |                                                                     |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                        | — NA                                                                |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name of the new registered        |
| Name of New Registered Agent:                                                                                     | — <i>k )/</i> ∧                                                     |
| New Registered Office Address:                                                                                    | Enter Florida street address                                        |
|                                                                                                                   | , Florida                                                           |
|                                                                                                                   | 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 = Ma<br>AMBR = Au | nager<br>thorized Member |                                           |                      |
|-----------------------|--------------------------|-------------------------------------------|----------------------|
| Title                 | Name<br>Victor O Wai     | Address  100 Delleans Pond                | Type of Action       |
| 1 <u>1112 K</u>       | NIDIAN KILMIR            | 1550 Belleaux Road<br>Clearwater Fr 33756 | _ d Add<br>_ □Remove |
| tmbr                  | Anson Ritchie            | 1850 Belleair Road<br>Cleamater Fr 33786  | _ DChange            |
|                       |                          | Cleamater Fr 33756                        | _ □Remove            |
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| Ins<br>Ans                   | tyn Rifel                                                                                             | ne-Pr<br>hie-V         | esider           | 2<br>Sidert                |                                          | _                                             |                               |
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|                              |                                                                                                       |                        |                  |                            |                                          | जिस दो<br>हारा दे                             |                               |
| ote: If the date             | f other than the da<br>s listed, the date must be<br>inserted in this block<br>tive date on the Depar | does not meet the      | applicable statu | 2025<br>filing or more the | (opt<br>an 90 days afte<br>uirements, th | ional)<br>er filing.) Pursu<br>is date will n | ant to 605.02<br>ot be listed |
| ecord specifies<br>is filed. | a delayed effective da                                                                                | ote, but not an effec  | tive time, at 12 | ;01 a.m. on th             | e earlier of: (                          | b) The 90th                                   | day after th                  |
| ted                          | 11/2/22                                                                                               | nature of a member for |                  |                            |                                          |                                               |                               |
|                              | 218                                                                                                   | mature of a member of  | н авинфилен гері | esementa or a              | memoer                                   |                                               |                               |