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## COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: GJKC LIMITED LIABILITY COMPLAY  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:
ETILORTO PLCYLLO Name of Person
ETIC limited liability company
1008 March way
Haines uty 9 33844 EAR &
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Silberto Person at (
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	Company as it now appre imited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Cor Florida document number	mpany were filed on .	55/31/2016	2 and assigned
A. If amending name, enter the new name of the limite	ed liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>		TS 6
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			LANASSEE, FLORIDA
B. If amending the registered agent and/or registered agent and/or the new registered office addressed agent.		on our records, <u>en</u> t	er the name of the new
Name of New Registered Agent:  New Registered Office Address:	Enter F	orida street address	
(		. Florida	
	City	, FIOTIUA	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

Page 1 of 3

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 = Au	thorized Member	
<u>Title</u>	Name	Address Type of Action
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Filing Fee: \$25.00