L16000110943

(Re	questor's Name)	
(1)	questor s reame,	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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2016 JUN 20 AM II: 30

K.SALY EXAMINER JUN 21

COVER LETTER

Divi	ision of Corp	orations			
SUBJECT:	GFC Designs				
Sebuce.	····		ted Liability Company		
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspond	dence concerning this matter to	o the following:		
		Ralph Giordano			
			Name of Person		
		GFC Designs, LLC			
			Firm/Company		<u> </u>
		6248 NW Kukui Ct			
			Address		
		Port St Lucie, FL 34983			
			City/State and Zip Code		
		mrrg98@comcast.net	1		
			be used for future annual re	port notification)	
For further in	formation con	cerning this matter, please cal	l:		
Ralph Giorda	ino		772 785-	6325	
	Name of P	Person	Area Code	Daytime Telephone Nun	nber
Enclosed is a	check for the	following amount:			
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certi:	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 JUN 20 AM 11: 30
TALLAMASSEE STATE

ds.)

GFC Designs, 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 Company Florida document number L16000110943	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6248 NW Kukui Ct	
(Principal office address MUST BE A STREET ADDRESS)	Port St Lucie, FL 34983	
Enter new mailing address, if applicable:	6248 NW Kukui Ct	
(Mailing address MAY BE A POST OFFICE BOX)	Port St Lucie, FL 34983	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		rds, enter the name of the new
New Registered Office Address:	Enter Florida street add	iress
		Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agroperovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peling filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is

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 being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Ralph Giordano	6248 NW Kukui Ct	Add
		Port St Lucie, FL 34983	□ Remove
			Change
AMBR Leslie Giordano	6248 NW Kukui Ct		
		Port St Lucie, FL 34983	□ Remove
			Change
			Add
			□ Remove
			Charge
			AHASSEA
			LAHASSEE, FLORUJA
			Change
			□ Add
			☐ Remove
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Effective date, if other tha If an effective date is listed, the da Note: If the date inserted in a document's effective date on	te must be specific his block does n	c and cannot be pri not meet the appl	or to date of filing o icable statutory f	or more than 90 days a	otional) fler filing.) Pursuant to 6 this date will not be li	05.0207 (3 isted as th
he record specifies a de The 90th day after the	ayed effective record is file	ve date, but r ed.	ot an effectiv	e time, at 12:0:	1 a.m. on the ear	lier of:
Dated		2016				
					_	
			horized representa		.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00