

L16000 184 725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

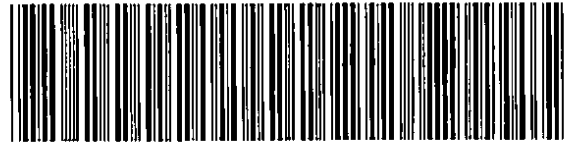
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2023-05-15 11:16

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: G K Southern, 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:

James Grimes, Jr.  
Name of Person

Southern Media Inc  
Firm/Company

4400 Bayou Blvd, Suite 29B  
Address

Pensacola, FL 32503  
City/State and Zip Code

lcochran@sthmedia.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

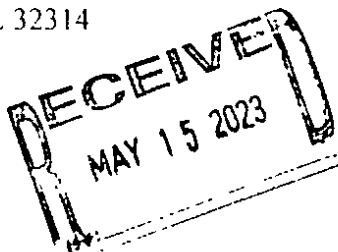
Lisa Cochran at ( 850 ) 477-3995  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee<br>Previous Paid, Cleared | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

G K Southern 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 were filed on 10/04/2016 and assigned Florida document number L16000184725.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)

8551 Scenic Hills Drive

Pensacola, FL 32514

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Grimes, James Sr.	8551 Scenic Hills Drive	<input type="checkbox"/> Add
		Pensacola, FL 32514	<input checked="" type="checkbox"/> Remove XX
			<input type="checkbox"/> Change
Authorized Representative	Grimes, James Jr.	2141 Ashberry Lane	<input checked="" type="checkbox"/> Add X
		Cantonment, FL 32533	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Grimes, Nina F	8551 Scenic Hills Drove	<input checked="" type="checkbox"/> Add XX
		Pensacola, FL 32514	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Authorized Representative	Riebling, Robin M	300 North Union Street	<input checked="" type="checkbox"/> Add XX
		Good Hope, IL 61438	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

