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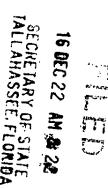
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COVER LETTER

TO;	Registration Section Division of Corporations
SUBJE	CT: CT: Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Gregory C. Kepen
	GCK LLC Firh/Company
	10065 Ilinois St.
	Bonita Springs, FL 34135 City/State and Zip Ode
	Jetanver 888 @ Notmail.com E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
<u>Gr</u>	egory C. Kepen at (239) 8a1-4744 Area Code Daytime Telephone Number
Enclosed	d is a check for the following amount:
\$25.	00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, 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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GCK, LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on OCH, 4, 2016 and assigned
Florida document number <u>L16000 18 4 9 55</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10065 Illinois St.
(Principal office address MUST BE A STREET ADDRESS)	Bonita Springs, Fl 34135
Enter new mailing address, if applicable:	10065 Illinois St.
(Mailing address MAY BE A POST OFFICE BOX)	Bonita Springs, Fl 34135
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:	
New Registered Office Address:	Enter Florida street address Florida
	City S Zip de
New Registered Agent's Signature, if changing Registered Agent:	SE PE

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>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change
			□ Remove
			☐ Change
			☐ Add
			□ Remove
			□ Change

Please also change Gregory C	. Kepen's	
address as a Member from	26785	
mclaughlin Blvd., Bonita Spring	5 FL 34X	34
to 10065 Illinois St., Bonita		_
FL 34135.	1 0-1	
		
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	2 SEE.I	
		<u></u>
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	optional) after filing.) Pursuant to this date will not be l	605.0207 (3)(b listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:0 (b) The 90th day after the record is filed.)1 a.m. on the ea	rlier of:
Dated December 19th, 2016. Outh as afterney for all Signature of a gnember or authorized representative of a member	haized men	nber
Andhow Cetrongelo, Esq.		

Page 3 of 3

Filing Fee: \$25.00