

12/14/2016

Division of Corporations

**LI600021749**

Florida Department of State  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GOTTLIEB LLC**

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**COVERLETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Gottlieb 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:

Ellen Prescott

*Name of Person*

Burr & Forman LLP

*Firm/Company*

420 No. 20th St., Ste. 3400

*Address*

Birmingham, AL 35203

*City/State and Zip Code*

MikelD@gottlieb.com

*E-mail address: (to be used for future annual report notification)*

For further information concerning this matter, please call:

Ellen Prescott

205

458-5115

at ( )

*Name of Person*

*Area Code*

*Daytime Telephone Number*

Enclosed is a check for the following amount:

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**MAILING ADDRESS:**

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

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Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gottlieb 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 12/08/2016 and assigned  
Florida document number L16000221749

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 "LLC."

Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

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

City

Florida

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>
AMBR	GSMD Holdings LLC	4932 Sunbeam Road	<input type="checkbox"/> Add
		Jacksonville, Florida 32257	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GSMD Holdings LLC	4932 Sunbeam Road	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32257	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

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Dated December 12 2016

*[Handwritten signature]*

By: Robert L. Stein, a Manager

Typed or printed name of signer

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