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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: GWR L	LC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling	
Please return all correspo	ndence concerning this matter	to the following:	
	BENDAMIN W. A	MRTWICK Name of Person	
	GWRLLC		
		Firm-Company	
	6888 W SENCOVE	AVE	
		Address	
	St. Augustine,	City/State and Zip Code One Code One of the code of	
	Ω	City/State and Zip Code	
	beng gwr comm	O be used for future annual report noti.	fication)
For further information co	oncerning this matter, please ca		,
BENJAMIN WHA	Parick	at (904 _) 700 28	378
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

GWR LLC		
(Name of the Limited Liability Company of (A Florida Limited Liab	as it now appears on our records.) office (Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on 2/20/2017	and assigned
Florida document number L17000039148		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
GWR COMMERCE LLC		
The new name must be distinguishable and contain the words "Limited Liability of	Company," the designation "LLC" or the abbrevi	iation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		.
		n93
-		¥ '11
		<u> </u>
Enter new mailing address, if applicable:	5,*5	F i
(Mailing address MAY BE A POST OFFICE BOX)		
_	P 0	_ رو
		<u></u>
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, <u>enter the name of</u>	the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
		ip 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 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
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Change
			□Remove
			□Change
			Add
			□Remov e
			□Change

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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 after filing.) Pursuant to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day record is filed.	after the
Dated APRIL 28 TH 2023	
Signature of a member or authorized representative of a member	
Benjamin W Hartwick Typed or printed name of signee	