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SECRETARY OF STATE ALLAHASSEE, FLORIDA

K. SALY MAY -5 2017

COVER LETTER

T		gistration Se ision of Cor			
cı	io iect.		_		
St	DOECT:			ited Liability Company	
Th	ne enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Ple	ease returr	all correspo	ndence concerning this matter	to the following:	
			Gloria Holland		
				Name of Person	
			GM Building, LLC		
Firm/Company					· · · · · · · · · · · · · · · · · · ·
			415 Gold Medal Court		
			 	Address	· · · · · · · · · · · · · · · · · · ·
			Longwood, FL 32750		
				Name of Person Firm/Company Address City/State and Zip Code n to be used for future annual report notification)	
			- - -		
			E-mail address: (to be used for future annual report notifi	ication)
Fo	r further in	nformation co	oncerning this matter, please ca	all:	
Pl	hyllis Que	llis Quehl 407 830-5327			
		Name of	f Person	Area Code Daytime	Telephone Number
Name of Person					
	\$25.00 F	Filing Fec		Certified Copy	Certificate of Status &

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**

SECRETARY OF 3: 15

GM Building, LLC

	(11110111111111111111111111111111111111	isinoiniy companyy	•	SEE ESTATE	
The Articles of Organization for this Limited	y were filed on <u>04/05/2</u>	017	and assigned		
Florida document number L17000077053	<u> </u>				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited lia	bility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the design	ation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if appli	N/A				
(Principal office address MUST BE A STRE	ET ADDRESS)				
5. () () () () () () () () () (N/A			
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·			
(Mailing address MAY BE A POST OFFICE	<u>(BOX)</u>				
B. If amending the registered agent and registered agent and/or the new registered of			r records, <u>enter t</u>	he name of the nev	
registered agent and/or the new registered (nuce address ne	<u>re</u> :			
Name of New Registered Agent:	N/A	4. 			
New Registered Office Address:	N/A				
	-	Enter Florida st	reet address		
		, Florida			
		City	,	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>			
I hereby accept the appointment as register	ed goent and go	ree to act in this cana	city I further acm	e 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>	Address	Type of Action
AMBR	E Michael Holland	415 Gold Medal Court	□ Add
		Longwood, FL 32750	■ Remove
			Change
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ective date, if other than the neffective date is listed, the date m	ust be specific and cannot be	prior to date of filing of	or more than 90 day	s after filing.) Pursu	ant to 605.020
te: If the date inserted in this becoment's effective date on the l	block does not meet the ap Department of State's rec	oplicable statutory f ords.	iling requirement	s, this date will no	ot be listed as
record specifies a delaye The 90th day after the re	ed effective date, bu	t not an effectiv	e time, at 12:	01 a.m. on th	e earlier c
he John day after the re	cord is med.				
May 1st	, 2017				
ted	7	 -			
	(14.)				
ted May 1st	Signature of a member or	authorized tenresenta	tive of a member	. <u></u> ,	

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Filing Fee: \$25.00