118000040925

(Req	uestor's Name)	<u> </u>
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	. <u></u>
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



600311038436

03/27/18--01015--020 **25.00

ALLABASSEE, FLORDA

O SIMMONS MAR 2.9 2018

COVER LETTER

	istration Section sion of Corporations		-	•	
SUBJECT:	C-FC Na	PUS ne of Limited Liabi	lity Company		
The enclosed	Articles of Amendment and fee(s	are submitted fo	r filing.		
Please return	all correspondence concerning th	is matter to the fol	llowing:		
		Javed	Gay I	ne	_
	<u>G</u> F(Cab	m/Company	-Trim LL	<u>-</u> C
					-
	1,5	elbou	me F	la. 329	\circ l
	reclest	City/St 2+e \y 1+14 address: (to be used	ate and Zip Code Z C v C C (I for future annual re	2 Cyrocilian port noutstation)	- COM
For further in	formation concerning this matter.				
R	Name of Person	a	Area Code	Daytime Telephone Number	 tr
Enclosed is	check for the following amount:				
□ \$25.00 F	ling Fee	Status C	5.00 Filing Fee & ertified Copy dditional copy is enclos	sed) Certifie	ate 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

GFC F	Nos. (1C.	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Of Florida document number LISOCOMO 3		-14 - 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim CFC COVICE +> The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)	8 Trivy UC nited Liability Company," the desig	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		ur records, <u>enter the name of the ne</u>
-		
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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□ Remove
			Change
			The Democra
			On Change
			Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change

		
		
_		
_		
_		
	লং ১৯ ১৯ বিক	18
		善工
		27 1
		2 . 6
		8 5 S
Note: If	ve date, if other than the date of filing: 3-20-20 (optional) retive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) P If the date inserted in this block does not meet the applicable statutory filing requirements, this date wient's effective date on the Department of State's records.	Pursuant to 605,0207 (ill not be listed as t
e recoi The 9	ord specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. or 90 th day after the record is filed.	the earlier of
Dated	3-22 ,2018.	

Page 3 of 3

Filing Fee: \$25.00