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Special Instructions to F	iling Officer:	
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Amend

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Registration Section

Tallahassee, FL 32314

TO:

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: HOLDINGS ,	LLC								
Name of Limit	ted Liability Company								
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Orcean 37	Name of Person								
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□ \$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)	ı						
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	Name of Limi Name of Limi Property of the substance concerning this matter to the substance of the substan	Name of Limited Liability Company endment and fee(s) are submitted for filing. Ince concerning this matter to the following: Crrect Steinhipuserl. Name of Person (Cross Idasoli-(S) Lice Firm/Company 3 600 My 5712 Po - 72 Drl IV Address Are 1714 Flori Drl 331 City/State and Zip Code Gross Hollowing: City/State and Zip Code Gross Hollowing and address: (to be used for future annual report notified in the state of Status ollowing amount: \$30.00 Filing Fee & Certificate of Status Street Address: Registration See Division of Core	endment and fee(s) are submitted for filing. Ince concerning this matter to the following: C-recal Steinholdtl. Name of Person (MIS DADINGS LUC) Firm/Company 3 6 00 My STIL PD, IC DR INE STIE 1710 Address ALENTULA FLORIDA 33180 City/State and Zip Code G M S HOLDINGS LUC F G M BIL. COM E-mail address: (to be used for future annual report notification) erning this matter, please call: IN HOLDE at (TL) 1714 229 8 Area Code Daytime Telephone Number Ston Street Address: Registration Section						

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GMJC HOLDIN	is, Lio	
(Name of the Limited Liability (A Florida L	Company as it now appears on our re- imited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co.	moany were filed on APAIL	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ad Liability Company " the designation "	'LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words Limit	Ed Claoting Company, the designation	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>표 .</u> 요 원년
		~ ~
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, g	nter the name of the new registered
Name of New Registered Agent:		
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 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
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