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COVER LETTER

TO: Registration Se Division of Cor			
CHB ID CVT		SULTANTS, LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	•
Please return all correspo	ondence concerning this matter	to the following:	
	SUSAN ROTH		
		Name of Person	
	GCI CONSULTANTS, LI	LC	
		Firm/Company	
	2460 METROCENTRE B	LVD	
		Address	
	WEST PALM BEACH, F	L 33407	
	•••	City/State and Zip Code	
	SROTH@GCICONSULTA		
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
ALFONSO ALZAMOR	.A	at (_784_)	-/ 121
Name o	of Person		Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee	Fig \$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 Addres Registration 5		Street Address: Registration Sec	tion
Division of C		Division of Corp	
P.O. Box 632		The Centre of Ta	allahassee
Tallahassee 1	FL 32314	7415 N. Monroe	Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GCI CONSULTANTS, LLC

(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records. a Limited Liability Company)	and assigned
(, , , , , , , , , , , , , , , , , , , ,	を 参
The Articles of Organization for this Limited Liability Co	Company were filed on MAY 18, 2018	and assigned
Florida document number L18000125151		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	2000000000	
B. If amending the registered agent and/or registered	d office address on our records, <u>enter th</u>	ne 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	
		rida
	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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	ALFONSO ALZAMORA	2460 METROCENTRE BLVD, W. PALM BCH, F	FL 3.
			□ Remove
			□Change
			□Add
			□Remove
			□Change
		 	🗆 Add
		·	□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			Change
			□Add
			□Remove
			□ Change

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If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	11/05/0010
(If an cfl Note:	ive date, if other than the date of filing: [cetive 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 605,0207 (and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	NOVEMBER 25
	tank 14
	Signature of a member or authorized representative of a member
	PAUL E. BEERS, MANAGING MBR/CEO
	Typed or printed name of signee

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