

5/7/24, 9:32 AM

Division of Corporations

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GECRESCOT, LLC

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Electronic Filing Menu

Corporate Filing Menu

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K. SALY

MAY - 8 2024

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GECRESCOT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 MAY -7 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/28/2018 and assigned
Florida document number L18000205704.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

714 S. LAKE AVE

(Principal office address MUST BE A STREET ADDRESS)

DELRAY BEACH, FL 33483

Enter new mailing address, if applicable:

714 S. LAKE AVE

(Mailing address MAY BE A POST OFFICE BOX)

DELRAY BEACH, FL 33483

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

714 S. LAKE AVE

Enter Florida street address

DELRAY BEACH

Florida 33843

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	Name	Address	Type of Action
MGR	ESCOBAR, RICARDO		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		714 S. LAKE AVE, DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Change
MGR	ESCOBAR, CLAUDIA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		714 S. LAKE AVE, DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2024 MAY -7 PM 4:55
SECRETARY OF
TALLAHASSEE COUNTY

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