

24-Sep-2018 14:07

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9/24/2018

Division of Corporations

18180002767203

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H180002767203)))



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To:

Division of Corporations
Fax Number : (850)617-5383

From:

Account Name : LEBRON ACCOUNTING SERVICES INC
Account Number : 120110000076
Phone : (813)877-8918
Fax Number : (813)514-2886

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: lebronaccounting@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GM&C HOLDINGS GROUP LLC

Certificate of Status	0
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SEP 25 2018

H180002767203

COVER LETTER

H180002757203

TO: Registration Section
Division of Corporations

SUBJECT: GMI&C HOLDINGS GROUP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MILKA HASKINS

Name of Person

HASKINS & HERRERA

Firm/Company

5116 N ARMENIA AVE

Address

TAMPA, FL 33603

City/State and Zip Code

LEBRONACCOUNTING@YAHOO.COM

Email address (to be used for future annual report notification)

For further information concerning this matter, please call:

MILKA HASKINS 813 877-8918
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| ☒ \$25.00 Filing Fee | ☐ \$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 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

H180002757203

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H180002757203

GM&C HOLDINGS GROUP LLC

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

FILED
18 SEP 24 AM 9:12
SHERIFF'S OFFICE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/13/2018 and assignedFlorida document number L18000218652

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)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:

N/A

New Registered Office Address:

N/A

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: H180002767203

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR/M	YELDI A FUENTES	3406 JAP TUCKER RD	☐ Add
		PLANT CITY, FL 33566	☒ Remove
			☐ Change
N/A			☐ Add
			☐ Remove
			☐ Change
N/A			☐ Add
			☐ Remove
			☐ Change
N/A			☐ Add
			☐ Remove
			☐ Change
N/A			☐ Add
			☐ Remove
			☐ Change
N/A			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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18 SEP 24 AM 9:20
TALAMON, FL 32004

09/21/18

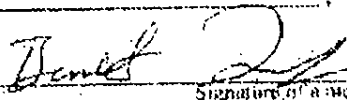
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 695.0707 (3)(c)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated SEPTEMBER 21 2018


Signature of a member or authorized representative of a member

BENITO FUENTES

Typed or printed name of signer