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COVER LETTER

Division of Cor	porations
	ovements, LLC
	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ndence concerning this matter to the following:
	Gerald L. Hires
	Name of Person
	GCE Improvements, LLC
	Firm/Company
	17608 NE State Road 65
	Address
	Hosford, Florida 32334
	City/State and Zip Code
	gceimprovementslle@gmail.com
	E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
Gerald L. Hires	850 643-7558 at ()
Name of	Person Area Code Daytime Telephone Number
Enclosed is a check for th	e following amount:
□ \$25.00 Filing Fee (□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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**

GCE Improvements, LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number	filed on 10/5/2018 and assigned
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 Co	ompany," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	三量五
Enter new mailing address, if applicable:	THO RED
(Mailing address MAY BE A POST OFFICE BOX)	5 - S
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address , Florida
	ity Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

1

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joey Sanders	17608 NE State Road 65	
		Hosford, Florida 32334	
		Thistorica 32334	■ Remove
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ffective date, if other than the san effective date is listed, the date must tote: If the date inserted in this bloocument's effective date on the De	be specific and cannot be pock does not meet the app	rior to date of filing or olicable statutory fil		iling.) Pursuant to 605.020
e record specifies a delayed The 90th day after the reco		not an effective	e time, at 12:01 a.	m. on the earlier o
June 7	2019			
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ated June 7 Month	2019 Z Z Signature of a member or a	uthorized constraint	uu of a mumbar	

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Filing Fee: \$25.00