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-	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
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	(Document Number)	
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MAR 27 2020

COVER LETTER

Tallahassee, FL 32314

TO: Registratio Division of	n Section Corporations		
	COLEMAN LLC	•	
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sul	bmitted for filing.	
	espondence concerning this matter		
	GARY COLEMAN		
	<u> </u>	Name of Person	-
		Firm/Company	-
	1925 FOREST BLVD		
		Address	-
	JACKSONVILLE, FLOR	IDA 32246	20
	nanasroom I I @yahoo.com E-mail address:	City/State and Zip Code (to be used for future annual report notification)	20 MAR 11
For further informati	on concerning this matter, please of	call:	KF087
GARY COLEMAN		904 349-5736 at ()	9: 39
Na	me of Person	Area Code Daytime Telephone Numbe	<u>r</u> တိ
Enclosed is a check f	; or the following amount:		
□ \$25.00 Filing Fe	e 🔲 \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &
	on Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GARY COLEMAN LLC

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

The Articles of Organization for this Limited I	Liability Company were filed on $\frac{02-2}{2}$	د.5-2019 and assigned
Florida document number L19000053643		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :
GWC 1925, LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
	 	
Enter new mailing address, if applicable:		.
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		cords, <u>enter the name of the new registers</u>
Name of New Registered Agent:	JENEICE A MOTE	
New Registered Office Address:	6316 SAN JUAN AVE STE 12	•
	Enter Florid	la street address
	JACKSONVILLE	, Florida ³²²¹⁰
	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.

He hanging 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
			□Add
			□Remove
			□Change
			□Add
		· -	□Remove
		·	□Change
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			□Remove
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	Ė	<u> </u>	□Remove
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Effective date, if other than the defeative date is listed, the date must be Note: If the date inserted in this blocklocument's effective date on the Dep	k does not meet the appli	cable statutory filing r	(optional) than 90 days after filing.) Pequirements, this date wi	ursuant to 605.0207 ill not be listed as
	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 9	00th day after the
record specifies a delayed effective d is filed. Dated MARCH 3	2020			
d is filed.	<u> </u>	 Coleman	a member	