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COVER LETTER

TO:		gistration Sec ision of Corp				
CHDIE	CT.	GDP, LLC				
SUBJE	CI:		Name of Lim	ited Liability Company		
The enc	losec	I Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please re	etum	all correspor	ndence concerning this matter	to the following:		
			Shelly Spoonhour			
				Name of Person		
			Metal Industries, LLC			
				Firm/Company		
			1985 Carrol Street			
				Address		
			Clearwater, FL 33765			
			_	City/State and Zip Code		
			sspoonhour@mihvac.com			
Con Gord	har i	nformation co	E-mail address: (oncerning this matter, please of	to be used for future annual report notification)	芸芸	2920
roi iutti	ner n	погнанов со	succerning this matter, please of	an.		HOL OZE
Shelly S	Spoo	nhour		727 431-1467 at ()		۲. ارج
		Name of	Person	Area Code Daytime Telephone Number	:	P
Enclose	d is a	a check for the	e following amount:			÷ .
\$ \$25	I 00.	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy Certificate (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status lopy	
		iling Address		Street Address: Registration Section		
Registration Section Division of Corporations				Division of Corporations		
	P.0	D. Box 6321	7	The Centre of Tallahassee	_	
	Ta.	llahassee, F	L 32314	2415 N. Monroe Street, Suite 810	Ü	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GDP, LLC					
(<u>Name of the Lim</u>	ited Liability Company as i (A Florida Limited Liabilit	t now appears on our records.) y Company)			
The Articles of Organization for this Limited I Florida document number L19000062009	Liability Company were	filed on March 12, 2019	a	nd assigned	
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liability c	ompany here:			
The new name must be distinguishable and contain the	words "Limited Liability Con	mpany," the designation "LLC" o	r the abbreviat	ion "L.L.C."	_
Enter new principal offices address, if appli	icable:	<u></u>	·		_
(Principal office address MUST BE A STRE	ET ADDRESS)				_
					-
Enter new mailing address, if applicable:					_
(Mailing address MAY BE A POST OFFICE	<u> </u>			<u></u>	_
					_
B. If amending the registered agent and/or agent and/or the new registered office addr	<u>ess here</u> :	ss on our records, <u>enter th</u>	e name of t	<u>he new regist</u>	<u>erec</u>
Name of New Registered Agent:	Sean O'Hara		<u> </u>		_
New Registered Office Address:	1985 Carroll Street			202	_
	Clearwater	Enter Florida street address , Flori	da 33765	ZOZO Code	_
		lity	Zip	Code	
New Registered Agent's Signature, if changing	Registered Agent:		•	圣 江	
I hereby accept the appointment as register provisions of all statutes relative to the pro accept the obligations of my position as res	per and complete perfo	ormance of my duties, and	I am famili	ar with and	

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 aniending 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	Pete DeSoto	1985 Carroll Street	= Add
		Clearwater, FL 33765	□Remove
			□ Change
		<u> </u>	□ Add
			□Remove
			□Change
			□Add
			Remove
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				5.	-
ve date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior If the date inserted in this block does not meet the applic ent's effective date on the Department of State's records	cable statutory	or more than 90 da filing requiremen	(optional) ys after filing.) P nts, this date w	ursuant	ro 605.0
cord specifies a delayed effective date, but not an effective to sfiled.	ime, at 12:01 a	.m. on the earlie	r of: (b) The S	00th day	y after t
cd June 17	 ~/				
// /	// /				