# 19000169511

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600335941066

10/28/19--01016--026 \*\*25.00

Manuchs

NOV 18 2019 I ALBRITTON

## **COVER LETTER**

SUBJECT: GC Entertainmet 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:  Sergio Duarte Name of Person  Sergio Duarte Firm/Company  1004 Plaza Dr  Address	
Please return all correspondence concerning this matter to the following:  Sergio Duarte  Name of Person  Sergio Duarte  Firm/Company  1004 Plaza Dr  Address	
Sergio Duarte Name of Person  Sergio Duarte Firm/Company  1004 Plaza Dr  Address	
Sergio Duarde Firm/Company	
Firm/Company  1004 Plaza Dr  Address	
Address	
,	
GSSIMMER FL 34741  City/State and Zip Code	
Sergio and 421@ Smail, com E-mail address: (To be used for future annual report notification)	
For further information concerning this matter, please call:	
Sergio Duarte at 407, 914 6402	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	

#### MAILING ADDRESS:

 $(x_1, \dots, x_{n-1}, \dots, x_{n-1}, \dots, x_n)$ 

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

# TO ARTICLES OF ORGANIZATION OF

GC Entertainmne (Name of the Limited Liability Comp. (A Florida Limited	et LLC	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L1900016951}$		- 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
GC Entertainment LL	C	
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Same	
Enter new mailing address, if applicable:		22:
(Mailing address MAY BE A POST OFFICE BOX)	Same	
		<u> </u>
B. If amending the registered agent and/or registered of		z: ls, <u>enter the name of the new</u>
registered agent and/or the new registered office address her	<u>e</u> :	***
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida street addre	27
_ <del></del>		lorida Zip Code
	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.

NIA

If Changing Registered Agent, Signature of New Registered Agent

## or.removed from our records: .

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
		/ <del></del>	□ Change
	——————————————————————————————————————	' <u> </u>	Add
			Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change

. **	
_	
-	<del></del>
_	
_	<del></del>
_	
_	
-	
-	
_	
_	
	, , , , , , , , , , , , , , , , , , , ,
_	
_	
_	
_	
Effecti	ve date, if other than the date of filing:
lf an effi Note:	ective 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 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
1110	
Dated	October 25. 2919.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	July July
	Rignature of alments or authorized representative of a member
	Sergio Dualte
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00