L20000012012

| | (Requestor's Name) |
|----------------------|--------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| P-Ck-UI | MAIL MAIL |
| | (Business Entity Name) |
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| Certified Cobies | Certificates of Status |
| Special Instruction. | to Filing Officer |
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Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 5/18/2021 | - | | ⇔ WALK | [N** |
|---|---|---------------------------------------|---------------|------------------|
| ENTITY NAME GDC A | RCHITECTS-ENGINEE | ERS, LLC | | |
| DOCUMENT NUMBER_ | L20000072072 | | | |
| | **PLEASE FILE THE | ATTACHED AND RETURN** | • | |
| XXXX | Plain Copy Certified Copy Certificate of Status | | * . ** | , 8 , 7 ° |
| *1 | PLEASE OBTAIN THE FOL | LOWING FOR THE ABOVE ENTITY** | | |
| | Certified Copy of Arts & Certificate of Good Stand | | | 4 |
| | **APOSTILLE' / NO | TARIAL CERTIFICATION** | | |
| COUNTRY OF DESTINA NUMBER OF CERTIFICA | TION TTES REQUESTED | · · · · · · · · · · · · · · · · · · · | | |
| TOTAL OWED \$25 | | ACCOUNT #: I20160000072 | | |
| Please call Tina at t | the above number for an | y issues or concerns. Thank you so | much! | |

COVER LETTER

. .

| TO: Registration So Division of Co | | | |
|---------------------------------------|--|---|--|
| GDC Arch | itects - Engineers, LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| | ondence concerning this matter | | |
| | John H. Creswell | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 4459 SE Kubin Avenue | | |
| | | Address | |
| | Stuart, FL 34997 | | |
| | | City/State and Zip Code | |
| | john@gdcflorida.com | | |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information of | oncerning this matter, please c | all: | |
| John H. Creswell | | 772 215-0156 | |
| Name o | f Person | | ne Telephone Number |
| Enclosed is a check for the | ne 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 Addres | | Street Address: | ection |
| Registration S Division of C | | Registration Se Division of Co | |
| P.O. Box 632 | 7 | The Centre of | Tailahassee |
| Tallahassee, I | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

company has been notified in writing of this change.

| ARTICLES OF AN | IENDMENT | |
|---|--|--|
| ТО | | |
| ARTICLES OF OR | GANIZATION | The state of the s |
| OF | | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 |
| | | |
| GDC Architects - Engineers, LLC | | To the state of th |
| (Name of the Limited Liability Company a (A Florida Limited Liabi | it now appears on our records.) ity Company) | 6 |
| The Articles of Organization for this Limited Liability Company wer | e filed on 3/9/2020 | and assigned |
| | | |
| Florida document number L20000072072 | | |
| 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 C | ompany," the designation "LLC" or the | e abbreviation "L.L.C " |
| | | |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| _ | | 1' |
| | | |
| Enter new mailing address, if applicable: | | |
| ••• | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| _ | | |
| | | |
| B. If amending the registered agent and/or registered office add | ess on our records, enter the na | ame of the new registered |
| agent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | | |
| | 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 | | |
| provisions of all statutes relative to the proper and complete per | ormance of my auties, and I ar | n jumuar wun ana |

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

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 |
|--------------|----------------------|----------------------|--|
| MGR | Kathleen B. Creswell | 4459 SE Kubin Avenue | = Add . |
| | | Stuart, FL 34997 | □Remove |
| | | | : . □Change |
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| ctive date, if other than the date of filing: | (antional) |
| effective date is listed, the date must be specific and cannot be prior to ce: If the date inserted in this block does not meet the applicable iment's effective date on the Department of State's records. | date of filing or more than 90 days after filing.) Pursuant to 605.0 |
| ord specifies a delayed effective date, but not an effective time filed. | , at 12:01 a.m. on the earlier of: (b) The 90th day after t |
| | |
| d MAY 18, 2021 | |
| | |
| Signature of a member or authorize | ed representative of a member |
| Digitable of a memori of additoriz | , |

Filing Fee: \$25.00