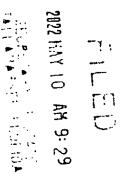
L20000072072

(Re	equestor's Name)	
(Ad	idress)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to F	Filing Officer:	
		

Office Use Only



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MAY 10 PH 3: 43

5/11/22

DC

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE5/10/202	22	, .	**WALK IN**
ENTITY NAME	Jessica Sumner	r	
DOCUMENT NUM	BER		
	PLEASE F	THE ATTACHED AND RETURN	
xxxxxxxxx	Plain Copy		
	Certified Copy		
	Certificate of St	alas	
	PLEASE OBTAIN	THE FOLLOWING FOR THE ABOVE ENTITY	
	Certified Copy of	f Arts & Amendments	
	Certified Copy of	f Arts & Amendments Complete File (Including Annual Repo	orts)
	Certificate of St	alas	
	Certificate of St	tatus Reflecting:	
	APOSTILL	'E' / NOTARIAL CERTIFICATION	
COUNTRY OF DEST	TINATION		_
NUMBER OF CERTI	FICATES REQUESTED_		_
TOTAL OWED \$	25.00	ACCOUNT # 120160000072	~: () W
Please call Tina	at the above number	for any issues or concerns. Thank you so	much!

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Divisio	n of Corp	orations					
		ects - Engineers, LLC					
SUBJECT:		Name of Limit	ted Liability Company				
The enclosed Ar	rticles of A	mendment and fee(s) are subr	nitted for filing.				
Please return all	. correspon	dence concerning this matter t	to the following:				
		Shaun M. Kogut					
			Name of Person				
			Firm/Company				
		502 NW 2nd Street					
			Address				
		Okeechobee, FL 34972					
		shaun@gdcflorida.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report not	fication)			
For further info	rmation co	oncerning this matter, please ca	all:				
Shaun M. Kog	ul		863 467-1111 at ()				
-	Name of	Person	Area Code Daytin	ne Telephone Number			
Enclosed is a cl	heck for th	e following amount:					
宣 \$ 25.00 Fili	ing 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)			
Regi	ng Addres stration S	Section	Street Address: Registration Se				
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee				
		FL 32314		oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GDC Architects - Engineers, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our record mited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Con Florida document number L20000072072	npany were filed on 3/9/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(SS)	<u>₹22</u>
(a ************************************		7 71
		
E a sur ille address if applicables		
Enter new mailing address, if applicable:		3
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	255
	, F	lorida
	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.

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
			□Add
			□Change
			□Add
			□Remove
			(☐Change
			DbAC]
			□Remove
			□Change
			Change
			□∧dd
			□Remove

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d	MAY	574	<u> </u>	2022	<u> </u>					
filed.										
		ayed effective date	:, but not a	in effective	time, at 12	2:01 a.m. o	n the earli	er of: (b)	The 90t	h day after
ment	s effective d	ate on the Departs	nent of St	ate s record	IS.					
<u>:</u> If t	he date insert	ted in this block d	oes not me	et the appl	icable stau	titing of mo itory filing	re man 90 c requirem	ents, this	date will i	not be listed
rtive	date, if othe	er than the date I, the date must be sp	of filing:				 	_ (optio	nal)	
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Typed or printed name of signee