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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration S Division of Co				
GGKC-71, LLC				1	
SUBJE	· · ·				
The enc	losed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
		pondence concerning this matter			
		George Stratigakis			
			Name of Person		
		GGKC-71, LLC			
			Firm/Company		
		6904 Pointe West Blvd			
			Address	····	
		Bradenton FL 34209			
			City/State and Zip Code		
		gstratig@gmail.com			
		E-mail address:	(to be used for future annual report not	tification)	
For furti	her information	concerning this matter, please of	call:		
George	Stratigakis		203 942 8399 at ()		
	Name	of Person		me Telephone Number	
Enclose	d is a check for	the 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 Addr Registration		Street Address: Registration So	ection	
Division of Corporations		Division of Co	Division of Corporations		
	P.O. Box 63		The Centre of	Tallahassee oe Street, Suite 810	
	Tallahassee	, i i, j45 l4	Z41J IN. MODIC	oc succi, saile 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2010711-3 717:59

GGKC-71, 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 Liability Company were filed on March 2020 and assigned Florida document number _L20000084704 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 Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: George Stratigakis Name of New Registered Agent: 6904 Pointe West Blvd New Registered Office Address: Enter Florida street address _. Florida 34209 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.

Cuv

Bradenton

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
	Name		
			□Remove
			Change
			□Add
			□Remove
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<u>te:</u> If the date ii	other than the date of listed, the date must be specif nserted in this block does we date on the Departmen	not meet the appli	icable statutory fili	(optio more than 90 days after ng requirements, this	onal) filing.) Pursuant to 605.0 date will not be listed	207 I as
	delayed effective date, bu	it not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after t	.he
s filed.						
	March 30,	2020	_/· /			
	March 30,	2020	7/	/	-	
is filed. ted	4.10		Marized representative	e of a member		

Fiting Fee: \$25.00