

L20 000 304 539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

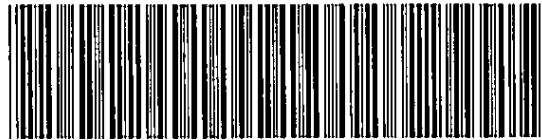
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300356206393

12/10/20--01011--002 \*\*25.00

FILED

2020 DEC 10 PM 4:21

1/22/21  
810

# GCS 43 LLC

---

411 Walnut St #17149 Green Cove Springs, FL 32043  
Ph 904-540-0821 Fax 904-429-1354

Date: Dec. 8, 2020

To: Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

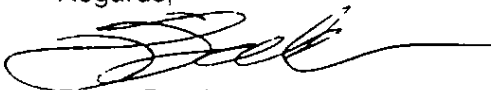
From: Steven M. Gaudet  
Managing Member, GCS, 43 LLC

To whom it may concern,

Please find enclosed a check for \$25.00 and amended articles of incorporation for GCS 43 LLC. This amendment is to add myself as the managing member. When originally filed, this field was omitted in error.

Please let me know if you need additional information for this request.

Regards,



Steve Gaudet  
GCS 43 LLC, Managing Member  
904-540-0821 mobile

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: GCS 43 LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN M. GAUDET

Name of Person

GCS 43 LLC

Firm/Company

12916 ROCKY RIVER RD S

Address

JACKSONVILLE, FL 32224

City/State and Zip Code

STEVEGAUDET2000@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN M. GAUDET

904 540-0821  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

GCS 43 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 09/26/2020 and assigned  
Florida document number L20000304539.

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 "L.L.C."

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:**

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 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 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>      | <u>Address</u>                         | <u>Type of Action</u>                   |
|--------------|------------------|--|---|
| MGR          | STEVEN M. GAUDET | 12916 ROCKY RIVER RD S JACKSONVILLE FL | <input checked="" type="checkbox"/> Add |
|              |                  |  | <input type="checkbox"/> Remove         |
|              |                  |  | <input type="checkbox"/> Change         |
|              |                  |  | <input type="checkbox"/> Add            |
|              |                  |  | <input type="checkbox"/> Remove         |
|              |                  |  | <input type="checkbox"/> Change         |
|              |                  |  | <input type="checkbox"/> Add            |
|              |                  |  | <input type="checkbox"/> Remove         |
|              |                  |  | <input type="checkbox"/> Change         |
|              |                  |  | <input type="checkbox"/> Add            |
|              |                  |  | <input type="checkbox"/> Remove         |
|              |                  |  | <input type="checkbox"/> Change         |
|              |                  |  | <input type="checkbox"/> Add            |
|              |                  |  | <input type="checkbox"/> Remove         |
|              |                  |  | <input type="checkbox"/> Change         |
|              |                  |  | <input type="checkbox"/> Add            |
|              |                  |  | <input type="checkbox"/> Remove         |
|              |                  |  | <input type="checkbox"/> Change         |

FILED  
2020 DEC 18 PM 4:21  
REC 10

2020 DEC 10 PM 4:21

FILED  
2020 DEC 10 PM 4:21

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated DECEMBER 8 2020

Signature of a member or authorized representative

STEVEN M GAUDET

**Filing Fee: \$25.00**