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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor	porations	•	
GB Tech C	onstruction, LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	emitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Glennson Mahan		
		Name of Person	
	GB Tech Construction, LL	.c	
		Firm/Company	
	3336 Grayton Dr.		
		Address	- 1- - 1
	Spring Hill, FL 34609		
		City/State and Zip Code	* -148°
	glennson.mahan@yahoo.co	m to be used for future annual report no	rification)
For further information c	oncerning this matter, please c		(including)
Glennson Mahan		361 658-6754	
Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check for the	he 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 Address		Street Address: Registration S	action
Registration : Division of C		Registration So Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

oility Company as it now appears on our records.) ida Limited Liability Company)	··-
Company were filed on 04/30/2021	and assigned
·	
mited liability company here:	
imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
DRESS)	
	
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red office address on our records, <u>enter the na</u>	me of the new register
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	5
<u></u>	 ,
	2 季 -
Enter Florida street address	39
Florida	
, Florida,	Zip Code
	mited liability company here: imited Liability Company," the designation "LLC" or the DRESS) red office address on our records, enter the na : Enter Florida street address , Florida

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>	Name	Address	Type of Action
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
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		 -	□Remove

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fectiv	e date, if	other thai	n the dat	c of filing: _			(optional)	
an effec	ctive date is	listed, the date	te must be	specific and cant	not be prior to dat	e of filing or mu	ore than 90 days	after filing.) P	ursuant to 605.020
ote: ti	nt's effect	ive date on t	the Denar	tment of State	uie applicable : 's records	statutory ming	, requirement	s, this date w	Il not be listed a
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ecord	specifies a	a delayed ef	l'ective da	te, but not an e	ffective time, a	t 12:01 a.m. o	n the earlier (of: (b) The 9	Oth day after the
is file	d.								
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			Sign	nature of a memb	er or authorized	representative	of a member		

Filing Fee: \$25.00