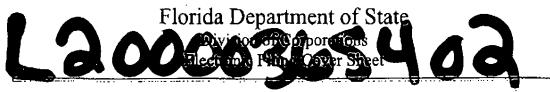
Division of Corporations



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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone

: (727)442-1200

Fax Number

: (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Emad 1	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GCDPA CLIENT1, L.L.C.

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ANON TOOL Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GCDPA CLIENT1, L.L.C.	·			
(Name of the Limited Liability Compa (A Florida Limited	nny as It now appears on the Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company	were filed on NOVE	MBER 18, 2020	and assig	med
Florida document number 120000365402				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the design	ation "LLC" or the abb	previation "L.L.	C."
Enter new principal offices address, it applicable:				
(Principal office address MUST BE A STREET ADDRESS)	-		20:	
Enter new mailing address, if applicable:			JAN	Carrent Carren
(Mailing address MAY BE A POST OFFICE BOX)				TTI
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, enter the num	of the new	registered
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida s	trect address		· ·
		, Florida		<u>.</u>
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent	i.	•		

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

Title	Name	<u>Address</u>	Type of Action
MGR	1245 MANAGEMENT, L.L.C.	1245 COURT STREET	
		CLEARWATER, FL 33756	■Remove
			Change
MGR	ALAN S. GASSMAN	1245 COUR'I STREET	≣ Add
		CLEARWATER FL 33756	□Rеточе
			Change
	- 17		□Add
	,		ПRсточе
			□ Change
			□Add
			□Rcmove
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ctive date, if other than the effective date is listed, the date muse: If the date inserted in this blument's effective date on the De	ock does not meet t	he applicable statu	filing or more than tory filing requir	90 days after filing.) Prements, this date will	itsuant to 605.02 il not be listed i
ord specifies a delayed effective filed.	e date, but not an ei	ffective time, at 12	:01 a.m. on the e	arlier of: (b) The 9	0th day after th
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