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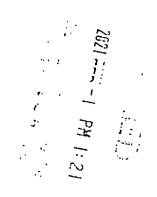
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	Registration Se Division of Cor					
SHRIFC	3210 29th 2	Ave. LLC	1 w			
3013120	Name of Limited Liability Company					
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Christopher Troutne				
			Name of Person			
		Gulfside Capital Partners.	LLC			
			Firm/Company			
		3570 Olney Laytonsville Rd Suite 1502 Address				
		Olney, MD 20830				
			City/State and Zip Code			
		chris@gulfsidecapitalpartne	ers.com to be used for future annual report notifica	artism).		
For fireth	or information o	oncerning this matter, please c		ition)		
		oncerning this matter, picase c				
Christopl	her Troutner		301 337-0199 at ()			
	Name o	f Person	Area Code Daytime T	elephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$25.0	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 Registration S		Street Address: Registration Secti	on		

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3210 29th Ave. 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 11/23/2020 Florida document number <u>L20000369813</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GCP Acquisition I, LLC 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

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.

Cin

__. Florida ___

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>	2021	Address PM 1:21	Type of Action
MGR	CTM Capital, LLC		2570 N MCMULLEN ROOTH RD STE B214	🗆 Add
			CLEARWATER, FL 33761	■Remove
				□Change
				🗆 Add
				□Remove
				□Change
				□Add
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	2021 === -1 PM 1:21
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	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0 icable statutory filing requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ed January 26th 2021	
Christoly Mi Tiontu	horized representative of a member

Typed or printed name of signee