

L21 000077069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

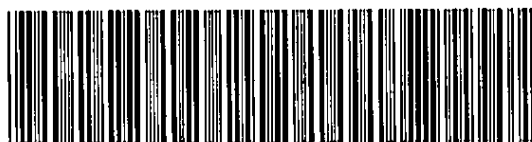
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

5/20/21
Tm

Office Use Only



600363053696

03/31/21--01008--017 **25.00

21 MAR 31 PM 12:16
RECEIVED BY CONFIDENTIALITY
UNIT OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GGI PROPERTY MANAGEMENT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

RAPHAEL IRIZARRY

Name of Person

GGI PROPERTY MANAGEMENT LLC

Firm Company

11358 ESKIMO CURLEW RD

Address

WEEKI WACHEE FL 34614

City State and Zip Code

RIRIZARYTRUCKING@GMAIL.COM

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

For further information concerning this matter, please call:

RAPHAEL IRIZARRY

813 385-4778

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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 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

STATE OF FLORIDA
DIVISION OF CORPORATIONS

21 MAR 31 PM 12:16

GCI PROPERTY MANAGEMENT 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 02-15-2001 and assigned
Florida document number 121000077069.

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:

11358 ESKIMO CURLEW RD

(Principal office address MUST BE A STREET ADDRESS)

WEEKI WACHEE, FL 34614

Enter new mailing address, if applicable:

P.O. BOX 1191

(Mailing address MAY BE A POST OFFICE BOX)

DADE CITY FL 33526

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:

RAPHAEL IRIZARRY

New Registered Office Address:

11358 ESKIMO CURLEW RD

Enter Florida street address

WEEKI WACHEE

Florida 34614

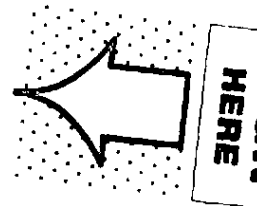
City

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.

✓ Raphael Irizarry
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

FLORIDA SECRETARY OF STATE
DIVISION OF CORPORATIONS

21 MAR 31 PM 12:46

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	RAPHAEL IRIZARRY	11358 ESKIMO CURLEW RD	<input type="checkbox"/> Add
		WEEKI WACHEE, FL 34614	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GIDGET M GUIDO-IRIZARRY	11358 ESKIMO CURLEW RD	<input type="checkbox"/> Add
		WEEKI WACHEE, FL 34614	<input type="checkbox"/> Remove
			<input checked="" 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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2025 RELEASE UNDER E.O. 14176

-21-MAR 31 PM 12:16

E. Effective date, if other than the date of filing: 03/26/2021 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

MARCH 20

2021

Rafael Is...
signature of a member or authorized representative

Signature of a member or authorized representative of a member

RAPHAEL IRIZARRY

Typed or printed name of signee