

LZ1000181393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

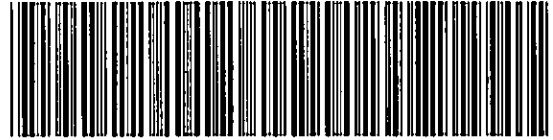
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100366340521

05/21/21--01015--027 ♦\$0.00

FILED
2021 MAY 21 AM 11:35
TALLAHASSEE, FLORIDA

16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GCSOLUTIONSFL 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:

Andrea L Rose

Name of Person

GCSOLUTIONSFL LLC

Firm/Company

3116 MERCER ROAD

Address

BRADENTON , FL 34207

City/State and Zip Code

sales@gcsolutionsfl.com

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

For further information concerning this matter, please call:

Wesley Rose

941

600-3276

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)

FL Dept. of State

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**

GCSOLUTIONSFL 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 4/19/2021 and assigned
Florida document number L21000181393.

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)

7963 N TAMIAMI TRAIL

SARASOTA, FL 34243-1940

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

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

NAME CHANGE OF SOLE MEMBER DUE TO GETTING MARRIED, COPY OF MARRIAGE

CERTIFICATE AND DRIVERS LICENSE INCLUDED

NAME CHANGE: CHANGE FROM ANDREA L JONES TO ANDREA L ROSE

2021 APR 21 AM 11:35
Filing Office
Tallahassee, Florida

E. Effective date, if other than the date of filing: APRIL 24, 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.

Dated May 19, 2021

Andrea L Rose

Signature of a member or authorized representative of a member

ANDREA L ROSE

Typed or printed name of signee

Department of Health-Vital Statistics

**STATE OF FLORIDA
MARRIAGE RECORD**

TYPE IS UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County court appears thereon.

mail back
with letter
both copies

2021ML000740

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. NAME OF SPOUSE (First, Middle, Last) WESLEY STEPHEN ROSE		76. MAJORITY
29. RESIDENCE - CITY, TOWN, OR LOCATION BRADENTON	30. COUNTY MANATEE	32. STATE FLORIDA
34. NAME OF SPOUSE (First, Middle, Last) ANDREA LYNN JONES		36. MAJORITY MCCAFF
78. RESIDENCE - CITY, TOWN, OR LOCATION BRADENTON	79. COUNTY MANATEE	77. STATE FLORIDA

WE THE APPLICANTS NAMED IN THIS CERTIFICATE EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF SPOUSE (Sign full name using black ink)

10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

04/20/2021

11. TITLE OF OFFICIAL

DEPUTY CLERK

MAXINE MALDONADO

12. SIGNATURE OF OFFICIAL (Use black ink)

Maxine Maldonado

13. SIGNATURE OF SPOUSE (Sign full name using black ink)

Andrea Jones

14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

04/20/2021

15. TITLE OF OFFICIAL

DEPUTY CLERK

MAXINE MALDONADO

16. SIGNATURE OF OFFICIAL (Use black ink)

Maxine Maldonado

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE

MANATEE

18. DATE LICENSE ISSUED

04/20/2021

18a. DATE LICENSE EFFECTIVE

04/23/2021

19. EXPIRATION DATE

06/19/2021

20a. SIGNATURE OF COURT CLERK OR JUDGE

Angelina M. Colonnese

20b. TITLE

CLERK OF CIRCUIT COURT

20c. BY D.C.

MAXINE MALDONADO

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED PERSONS WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year)

4/24/21

22. CITY, TOWN, OR LOCATION OF MARRIAGE

BRADENTON, Florida

23. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)

Deborah K. McAlpine

23a. ADDRESS (or person performing ceremony)

3116 MERCER Rd

24. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp)

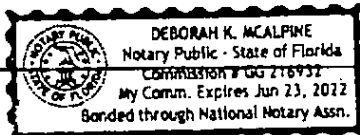
Deborah K. McAlpine

24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

Paula Cortez

25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

Paula Cortez



STATE OF FLORIDA, COUNTY OF MANATEE

This is to certify that the foregoing is a true and correct copy of the document on file in my office.

☒ No reductions

☐ Reduced pursuant to law

☒ Full Document

☐ Page ___ of ___

☐ Not a Doc

☐ Letter of Administration is in full force and effect.

5-10-2021
Angelina M. Colonnese
Deputy Clerk

Florida

DRIVER LICENSE

R200-01268-684-0157E

ANDERSON LYNN L
116 MERCEN RD
BRADENTON, FL 34207-6000
DOB: 05/24/1968 SEX: F
AGE: 08/24/73 ISS: 8-07
EXPIR: NONE CLASS: NONE

PART DRIVER
EXP: 08/17/2021
SEX: M DOB: 05/24/1968

CLASSIFIED BY THE
FLORIDA DEPARTMENT OF TRANSPORTATION

FL

STAR

The State
 of Florida
 (seal of
 proper y
 rights he
 034481
 Rev
 03/01/2020

CLASS E - Any non-commercial van with a GVWR = 26,001 lbs.
 or any RV
 REG: None
 END: None

REPLACEMENT LICENSE IS REQUIRED WITHIN 30 DAYS
 OF ADDRESS OR NAME CHANGE
 WWW.FLHSMV.GOV

21
 01004170830
 8000