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COVER LETTER

TO: Registration So Division of Cor					
	k Business Center Ilc				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
	ondence concerning this matter				
	George T. Kelly IV				
		Name of Person			
	G.T. Kelly General Contra	ctors Inc			
Firm/Company					
1935 Commerce Lane Suite 5					
Address					
	Jupiter, FL 33458				
		City/State and Zip Code			
	GTKellygc@bellsouth.net				
	E-mail address: (to be used for future annual report notific	ation)		C
For further information of	concerning this matter, please ca	ali:			
Patrick Kelly		561 308-7947			
Name o	of Person	Area Code Daytime T	elephone Number		_
				A 11:24	
Enclosed is a check for t	he following amount:			20	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filin Certificate Certified Certif	of Status &	
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Sect			
Division of C P.O. Box 632		Division of Corpo The Centre of Tal			
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on July 6, Florida document number L21000309385	
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 design	nation "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 recoragent and/or the new registered office address here:	_
	_
agent and/or the new registered office address here:	
Name of New Registered Agent: New Registered Office Address:	· C.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Patrick B Kelly	1935 Commerce Lane, Suite 5	□ Add
		Jupiter, FL 33458	≅Remove
			Change
AMBR	Waldemar Schickedanz	8144 Okcechobee BLVD, Suite B	□Add
		West Palm Beach, FL 33411	■Remove
			□ Change
AMBR	GPK University LLC	1935 Commerce Lane, Suite 5	
		Jupiter, FL 33458	□Remove
AMBR	Old Florida Family LLC	8144 Okeechobee BLVD, Suite B	■Add (j)
		West Palm Beach, FL 33411	□Remove
			∴> □ Change
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			□ Remove
			Change
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active date if other the	n the date of filino:		Coption	nal)
n effective date is listed, the date. If the date incorrect in	ate must be specific and canno	ot be prior to date of film	(option ng or more than 90 days after f ry filing requirements, this	iling.) Pursuant to 605.0207
cument's effective date on	the Department of State's	records.	y ming requirement time	· 3
	ffective date, but not an eff	fective time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
is filed.				2
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Filing Fee: \$25.00