

L21000456854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

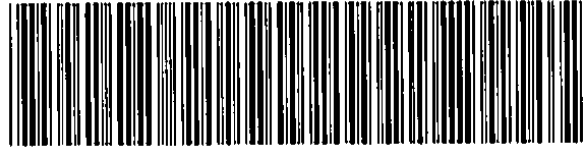
(Business Entity Name)

(Document Number)

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2021 NOV -8 AM 9:00  
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CLERK OF STATE  
TALLAHASSEE, FL

Y SULKER  
NOV 16 2021

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 184728 8359869

AUTHORIZATION :



COST LIMIT : \$ 25.00

-----  
ORDER DATE : November 1, 2021

ORDER TIME : 8:12 AM

ORDER NO. : 184728-001

CUSTOMER NO: 8359869  
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DOMESTIC AMENDMENT FILING

NAME: GCCM, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 9, 2021

CSC

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: GCCM, LLC  
Ref. Number: L21000454854

We have received your document for GCCM, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

This document is not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 721A00027251

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TALLAHASSEE, FL

## GCCM, LLC

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If amending records, please provide the address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CARDENAS DE DIQUEZ, CLARA ISABEL	1111 Crandon Blvd, Ste A405	<input type="checkbox"/> Add
		Key Biscayne, FL 33149	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	DIQUEZ, GUILLERMO	1111 Crandon Blvd, Ste A405	<input type="checkbox"/> Add
		Key Biscayne, FL 33149	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**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.

Dated November 4<sup>th</sup>, 2021.

Signature of a member or authorized representative of a member

Typed or printed name of signee

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