L23000324980

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
<u>.</u>	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only





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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

DATE _____07/17/2023

(850) 656-4724

WALK IN

ENTITY NAME GK GCC Partners, LLC.

DOCUMENT NUMBER______

PLEASE FILE THE ATTACHED AND RETURN

XXXXXXXXX

Certified Copy Certificate of Statas

Plain Copy

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Status Certificate of Status Reflecting: _____

APOSTILLE' / NOTARIAL CERTIFICATION

TOTAL OWED <u>\$</u> 25.00	ACCOUNT # 120160000072	4: () ~ W
Please call Tina at the above number for any issu	ues or concerns. Thank you	so much!

COVER LETTER

TO: Registration Section Division of Corporations

GK GCC PARTNERS, LLC

SUBJECT:

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:

JUSTIN HIGGINS

Name of Person

CORNER LOT

Firm/Company

1819 GOODWIN STREET

Address

JACKSONVILLE, FLORIDA 32204

City/State and Zip Code

JHIGGINS@CORNERLOTDEVELOPMENT.COM

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

For further information concerning this matter, please call:

JUSTIN HIGGINS 904 383-9525 at (_____) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 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

GK GCC PARTNERS, LLC

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(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Horida Limited Liability (ompany)

The Articles of Organization for this Limited Liability Company were filed on 07/10/2023	_ and assigned
Florida document number 1.23000324980	

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 Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2023
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
	,
Enter new mailing address, if applicable:	:
÷	
(Mailing address MAY BE A POST OFFICE BOX)	: <u>ت</u> ي ــــــــــــــــــــــــــــــــــــ

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 ad	dress
		, 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

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

Title	Name	Address	Type of Action
MGR	CLDG LAND VI, LLC	1819 GOODWIN STREET	□Add
		JACKSONVILLE, FLORIDA 32204	Remove
		·	Change
MGR	HAMPTON GOLF, INC.	7845 BAYMEADOWS WAY	🗆 Add
		JACKSONVILLE, FLORIDA 32256	■ Remove
			□Change
MGR	GEORGE LEONE	1819 GOODWIN STREET	Add
		JACKSONVILLE, FLORIDA 32204	[]Remove
			□Change
MGR	CHRISTIAN ALLEN	1819 GOODWIN STREET	≅ Add
		JACKSONVILLE, FLORIDA 32204	🗆 Remove
			□ Change
MGR	TRAVIS NORMAN	7845 BAYMEADOWS WAY	🛱 Add
		JACKSONVILLE, FL 32256	CRemove
			□Change
			🗋 Add
		- <u></u>	🗆 Remove
			□Change

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

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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.

JULY 17 Dated	2023
-flat	Signature of a member or authorized representative of a member
JUSTIN HIGGINS	

Typed or printed name of signee