

L23000538348

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COVER LETTER

TO: Registration Section Division of Corporations

GPI Global 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:

Scott Goedert Name of Person GPI Global LLC Firm/Company PO Box 5105 Address St Augustine FL 32085 City/State and Zip Code g101@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott Goedert 904 315-1884 at (Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■ \$30,00 Filing Fee & 1 \$55.00 Filing Fee & . \$60,00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

GPI Global LLC

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

The Articles of Organization for this Limited Liability Company were filed on <u>12/04/2023</u> and assigned Florida document number <u>L23000538348</u>.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GPI Capital LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	/		
New Registered Office Address:		Enter Florida street address	
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		. Flo	rida

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

<u>Title</u>	Name	Address	Type of Action
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D. If amending any other information. enter change(s) here: (Attach additional sheets, if necessary.)

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.

January 17	· <u>2024</u>
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(<i>A</i> ,2	Signature of a member or authorized representative of a member
Alan Scott Goedert	
	Typed or printed name of signee