L24000179771

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ECRETARY OF STATE
TALLAHASSEF

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2024 AUG 21 PM



COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			
SUBJECT: GDML Cle	earwater, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robin Ahlquist		
		Name of Person	
	MVP Holdings		
		Firm/Company	
	4343 Anchor Plaza Parkwa	ıy. Suite I	
		Address	
	Tampa, FL 33634		
		City/State and Zip Code	
	rahlquist@mvpholdings.cor	n to be used for future annual report noti	ification)
For further information c	oncerning this matter, please ca	•	
Robin Ahlquist		813 321-7775	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	ution
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of 3	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

GDML Clearwater, LLC

(Name of the Limited Liability Company as it now appears on our records AUG 21 PH 3: 54

The Articles of Organization for this Limited	tialitia Camana State	SECRETARY OF STATE
	Elability Company were filed on	THE SAME STANDED
Florida document number L24000179771	·	
This amendment is submitted to amend the fo	llowing:	
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," th	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our	r records, <u>enter the name of the new registered</u>
agenciand of the new registered office addr	css nere	
Name of New Registered Agent:	Robin Ahlquist	
New Registered Office Address:	4343 Anchor Plaza Parkway, S	uite l
	Enter I	Florida street address
	Tampa	, Florida 33634
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jesse McPherson	4343 Anchor Plaza Parkway, Suite 1	bbA≣
		Tampa, FL 33634	□Remove
			_
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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			Change
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			□Change

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tore:	ve date, if other than the date of filing:
record Lis fil	I 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 ed.
l is fil	ed.
d is fil	ed.

Filing Fee: \$25.00