## La4000235896

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(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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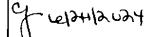
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2024 J. 13 P. 4: 26



## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	ited Liability Company	<del></del>
	Name of Lim	мес Барину Сопрану	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Christopher Carr		
		Name of Person	
		Firm/Company	•
	3906 Magnolia BLuff Lan	e	
		Address	
	Panama City, FL 32408		
	Gpcb850@gmail.com	City/State and Zip Code	
	= =	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	
Christopher Carr		850 625-6743	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addres		Street Address:	tion
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2024 July 13 PM 4: 26

Gpcb LLC

(A Florida Elini	ompany as it now appears on our record nited Liability Company)	<u></u> ,
The Articles of Organization for this Limited Liability Comp Florida document number L24000235896	pany were filed on 5/21/2024	and assigned
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 I	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>s</u> ,	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off	fice address on our records, enter	the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
-	Enter Florida street address	Y

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
MGR	Paper Planes Holding LLC	1701 Wolfrun Lane	□Add
		Panama City, FL 32405	_
			□ Change
MGR	Mega Amarbhai Patel	7829 Lakeside Oaks Drive	■Add
		Pensacola. FL 32526	□Remove
			Change
			□Add
			□ Remove
			□Change
			□Remove
<del></del>			
			Remove
			Change
<del></del>			□ Add
			□Remove
			□Change

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