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COVER LETTER

TO:

Registration Section

Division of Cor	rporations		
SUBJECT: 60	Seldom Name of Lin	Road, LLC	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person Law, P.A. Firm/Company	
	8777 Sai	n Tose Blud., a	31dg. A, Ste. 200
		City/State and Zip Code rabtree firm. Con to be used for future annual report notif	
For further information c	oncerning this matter, please c	all:	
Zashary Name o	C. Crobtree	at (<u>90 9</u>) <u>732</u> Area Code Daytime	- 970 J Telephone Number
Enclosed is a check for the	he 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9 Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T	porations allahassee
Tallahassee, 1	FL 04014	24 (3 IN. IVIONFOC	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GCS Seldom Ro	ad, LLC
(Name of the Limited Liability Company (A Florida Limited Liab	is it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L24000248282</u>	re filed on $\frac{O5/30/2029}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability GCS Seldom Rest Road, The new name must be distinguishable and contain the words "Limited Liability"	LL C
Enter new principal offices address, if applicable:	· <u> </u>
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) -	PARTIE DAYS SEE STATE
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	
	Enter Florida street address , Florida

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.

City

Zip Code

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
			□ Add
			□Remove
			□Change
			🗀 Add
			□Remove
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Filing Fee: \$25.00