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(Re	equestor's Name)	
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(Ad	dress)	
DA)	dress)	
(Cit	ry/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	rporations						
GFC Partne	ership LLC						
SUBJECT: Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Serey Siev						
		Name of Person					
	PLS Partnership LLC						
Firm/Company							
	4535 E Bay Dr.						
		Address					
	Clearwater, FL 33764						
		City/State and Zip Code					
	siev937@yahoo.com						
	E-mail address: (	to be used for future annual report no	tification)				
For further information c	oncerning this matter, please c	all:					
Screy Siev		727 5124349 at ()					
Name o	f Person	Area Code Dayti	me Telephone Number				
Enclosed is a check for the	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 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addres Registration S		Street Address: Registration S	ection				
Division of Corporations		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

GPC Partnership LLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we	ere filed on July 05, 2024 and assigned
lorida document number 1.24000300772	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty company here:
he new name must be distinguishable and contain the words "Limited 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)	
_	22
Enter new mailing address, if applicable:	1
Mailing address MAY BE A POST OFFICE BOX)	F2
	7.
	Ç3
3. If amending the registered agent and/or registered office adorgent and/or the new registered office address here:	dress on our records, enter the name of the new regi
Name of New Registered Agent:	
New Registered Office Address:	Part Harris Harris
	Enter Florida street address
	, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Phiny Long	8130 61st St N	<b>≣</b> Add
		Pinellas Park, Ft. 33781	E.P.
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		<del></del>	□Remove
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		□Change	

Typed or printed name of signce