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DATE:

2/22/16

NAME:

GCA SERVICES GROUP OF WEST FLORIDA, LLC

TYPE OF FILING: AMENDMENT

COST:

55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Se Division of Cor				
GCA Servi	ces Group of West Florida, LLO			
SUBJECT:	Name of Limi	ted Liubility Company		
	Amendment and fee(s) are sub-			
Picase return all correspo	Renee T. Everett,	to the following.		
	****	Name of Person		
	Calfee, Halter & Griswold	LLP		
		Firm/Company		
	1405 East Sixth Street			
		Address		
	Cleveland, Ohio 44114			76 5
		City/State and Zip Code		FILE DE LE
	E-mail address: (to be used for future annual report notif	ication)	2012 73 元
For further information c	oncerning this matter, please c	ail:		
Rence T. Everett,		216 622-8505		ACCULATION OF TANK OF STATE OF
Name o	f Person	Area Code Daytime	Telephone Number	<u> </u>
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	图 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing I Certificate of Certified Cop (additional copy	Status & y

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GCA Services Group of West Florida, LI		
(Name of the Limited Lie (A Flo	ability Company as it now appears on our record orida Limited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liabilit	ty Company were filed on 2/24/1999	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
GCA Specialty Services LLC		
The 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:	<u> </u>	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		7 5 5 5 C
(Mailing address MAY BE A POST OFFICE BOX	Ω	TEN GIT
		2 7
B. If amending the registered agent and/or r registered agent and/or the new registered office		ls, enter the name of the nev
		ू भूग ज
Name of New Registered Agent:		
New Registered Office Address:		•
	Enter Florida street addre	'SI
	. F	lorida
_	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 = 1	MGR = Manager AMBR ≕ Authorized Member				
<u>Title</u>	Name	Address	Type of Action		
			Add		
			Remove		
			_ □ Change		
			Add		
			🗖 Remove		
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D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
				
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E. Effectiv	e date, if other than the date of filing: (optional)	Ĕ.	A 5	
(If an eller Note: I	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not's effective date on the Department of State's records.	suant to 605 not be liste	.0207 (3)(b) ed as the	
	and specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on 90th day after the record is filed.	the earli	er of:	
Dated _	February 22. 2016.			
	Signature of a member or authorized representative of a member			
	Robert Norton, President Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00