

1103 LCC 4/19/2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

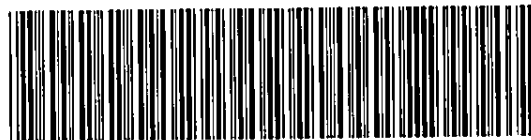
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



400428121524

REC'D  
2004 APR 22 AM 8:40  
CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED  
2004 APR 22 PM 3:00  
TALLAHASSEE, FLORIDA

K. HUNT

4/22/04



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext:  
Date: 04/22/24  
Order #: 1490152-1  
Re: GMR Marketing, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

120000000195,

AUTH

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the word 'AUTH' and the account number.

Please take the following action:

File in your office on basis  
Issue Proof of Filing

APR 23 AM 8:40  
CLERK OF STATE  
TALLAHASSEE, FL  
ED

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GMR MARKETING, LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DeVona Wright Cottrell

\_\_\_\_\_  
Name of Person

GMR Marketing LLC

\_\_\_\_\_  
Firm/Company

5050 S. Towne Drive

\_\_\_\_\_  
Address

New Berlin, WI 53151

\_\_\_\_\_  
City/State and Zip Code

dwrightcottrell@gmrmarketing.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DeVona Wright Cottrell

at ( 414 ) 915-5104

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☒ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: GMR MARKETING, LLC

Enter new principal office address, if applicable: 5050 S. Towne Drive

(Principal office address  
MUST BE A STREET ADDRESS) New Berlin, WI 53151

Enter new mailing address, if applicable: 5050 S. Towne Drive

(Mailing address  
MAY BE A POST OFFICE BOX) New Berlin, WI 53151

2. The Florida document number of this limited liability company is: M03000004197

3. Jurisdiction of its organization: WI

4. Date authorized to do business in Florida: 12/16/2003

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Presiden	Tyson Weber	5050 S TOWNE DR	<input checked="" type="checkbox"/> Add
		NEW BERLIN, WI 53151	<input type="checkbox"/> Remove
CFO	Lisa Cieslak	5050 S TOWNE DR	<input checked="" type="checkbox"/> Add
		NEW BERLIN, WI 53151	<input type="checkbox"/> Remove
Asst Sec	DeVona Wright Cottrell	5050 S TOWNE DR	<input checked="" type="checkbox"/> Add
		NEW BERLIN, WI 53151	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

*DeVona Wright Cottrell*

Signature of the authorized representative

DeVona Wright Cottrell

Typed or printed name of signee

Filing Fee: \$25.00

CSC AMEND-11912