

M1900000 7986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

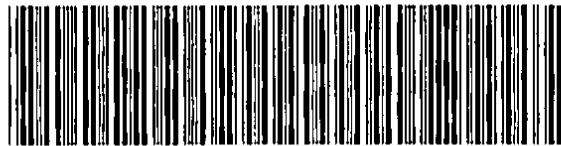
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/23/19--01002--002 \$425.00

2019 SEP 23 AM 10:57

R. WHITE
SEP 03 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GC Florida Management

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sydnee Kirby

Name of Person

The Garrett Companies

Firm/Company

1051 Greenwood Springs Blvd.

Address

Greenwood, IN 46143

City/State and Zip Code

sydnee@thegarrettco.com

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

For further information concerning this matter, please call:

Sydnee Kirby at (317) 743-8597

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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: GC Florida Management, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M19000007986

3. Jurisdiction of its organization: Indiana

4. Date authorized to do business in Florida: 8/13/19

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

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," 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," "LLC," 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)(c), indicate that change:

Adding Officer

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Officer	Richard Schulte	1402 W. 52nd St Indianapolis, IN 46228	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

Signature of the authorized representative

Eric Garrett

Typed or printed name of signee

Filing Fee: \$25.00

APPROVED AND FILED
CONNIE LAWSON
INDIANA SECRETARY OF STATE
08/22/2019 11:18 AM

ARTICLES OF AMENDMENT

ARTICLE I - NAME AND PRINCIPAL OFFICE ADDRESS

BUSINESS ID 201908071339008
BUSINESS TYPE Domestic Limited Liability Company
BUSINESS NAME GC FLORIDA MANAGEMENT, LLC
PRINCIPAL OFFICE ADDRESS 1051 Greenwood Springs Blvd, Greenwood, IN, 46143, USA
DATE AMENDMENT WAS ADOPTED 08/22/2019

EFFECTIVE DATE

EFFECTIVE DATE 08/22/2019
EFFECTIVE TIME 11:14AM

ARTICLE I - PRINCIPAL INFORMATION

DATE OF ADOPTION 08/22/2019
TITLE Officer
NAME Richard Schulte
ADDRESS 1402 W. 52nd St. , Indianapolis, IN, 46228, USA

MANAGEMENT INFORMATION

THE LLC WILL BE MANAGED BY MANAGER(S) Yes
IS THE LLC A SINGLE MEMBER LLC? Yes

APPROVED AND FILED
CONNIE LAWSON
INDIANA SECRETARY OF STATE
08/22/2019 11:18 AM

SIGNATURE

THE MANNER OF THE ADOPTION OF THE ARTICLES OF BUSINESS AMENDMENT CONSTITUTE FULL LEGAL COMPLIANCE WITH THE PROVISIONS OF THE ACT, AND THE ARTICLES OF ORGANIZATION.

THE UNDERSIGNED MANAGER OR MEMBER OF THIS LIMITED LIABILITY COMPANY EXISTING PURSUANT TO THE PROVISIONS OF THE INDIANA BUSINESS FLEXIBILITY ACT DESIRES TO GIVE NOTICE OF ACTION EFFECTUATING BUSINESS AMENDMENT OF CERTAIN PROVISIONS OF ITS ARTICLES OF ORGANIZATION.

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY **August 22, 2019**.

SIGNATURE

Kyle McClammer

TITLE

Legal Representative

Business ID : 201908071339008

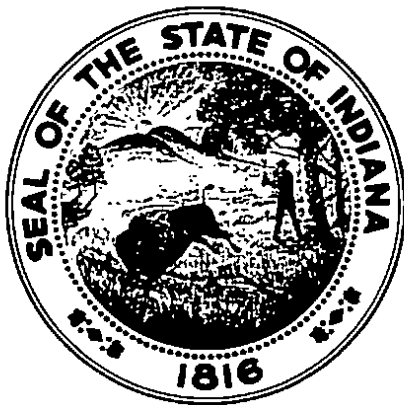
Filing No. : 8359217

**State of Indiana
Office of the Secretary of State**

**Certificate of Amendment
of
GC FLORIDA MANAGEMENT, LLC**

I, CONNIE LAWSON, Secretary of State, hereby certify that Articles of Amendment of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

NOW, THEREFORE, with this document I certify that said transaction will become effective Thursday, August 22, 2019.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 22, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201908071339008 / 8359217

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>