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OCT 1 6 2009

EXAMINER

COVER LETTER

TO:

TO:	Registration Secti Division of Corpo				
GOT PROPERTIES, LLC					
		Name of Limit	ed Liability Company		
The end	closed Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please 1	return all correspond	ence concerning this matter	to the following:		
		FREDR	FREDRIC I. GOTTLIEB, ESQUIRE		
			Name of Person		
			Firm/Company		
200 SOUTH ANDREWS AVENUE, SUITE 503				SUITE 503	
			Address		
		FORT	LAUDERDALE, FL33 City/State and Zip Code	301	
	•	, EPED®	SALPETERGITKIN.C	MOM	
	• •	E-mail address: (t	o be used for future annual repor	t notification)	
For fur	ther information con	cerning this matter, please ca	all:		
	FREDRIC I. G	OTTLIEB,ESQUIRE	at (954)	467-8622	
٠.	Name of P	erson	Area Code & I	Paytime Telephone Number	
Enclose	ed is a check for the	following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registrati	G ADDRESS: on Section of Corporations	STREET/CO Registration Division of O		
	P.O. Box		Clifton Build		

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G(OT PROPERTIES, LL	C	
(<u>Name of the Limited L</u> (A I	iability Company as it now approprietal Limited Liability Compan		
The Articles of Organization for this Limited Lia	bility Company were filed on _	OCTOBER 8, 2009	_ and assigned
Florida document number L090000975		(2)	5.00 M
This amendment is submitted to amend the follow	•	ć	and assigned
A. If amending name, enter the new name of t	the limited liability company	<u>here</u> :	Sales Sales
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Con	mpany," the designation "LLo	C" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered office address o ice address here:	n our records, <u>enter the</u>	name of the new
Name of New Registered Agent:			<u> </u>
New Registered Office Address:		Enter Florida street addre	ss
		. 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> Address **Type of Action SCOTT GREENWALD** MGRM ☐ Add 7301 SW 57TH COURT √ Remove SOUTH MIAMI, FL 33143 ANDREA GREENWALD MGRM 7301 SW 57TH COURT ☐ Add ✓ Remove SOUTH MIAMI, FL 33143 CHARLOTTE WEST MGRM **7301 SW 57TH COURT** SOUTH MIAMI, FL 33143 Remove $\neg Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCTOBER 12 Signature of a momber or authorized representative of a member FREDRIC I. GOTTLIEB, ESQUIRE, MGR

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee