L11000005995

(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
(City/Si	ate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Busine	ess Entity Nan	ne)
(Docun	nent Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filin	ng Officer:	
		:





400281058944

01/15/16--01025--014 **25.00



JAN 19 2016 J SHIVERS

COVER LETTER

Divi	ision of Corp	orations		
SUBJECT:	GREAT VAI	LUE PROPERTIES, LLC		
50202011		Name of Limit	ed Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	dence concerning this matter t	o the following:	
		SAMUEL J. CANTOR		
			Name of Person	
		SAMUEL J. CANTOR, P.	Α.	
			Firm/Company	
		426 S. MILITARY TRAIL		
			Address	
		DEERFIELD BEACH, FL	33442	
			City/State and Zip Code	
		SAM@SAMCANPA.COM	o be used for future annual report no	elf and an
		·	•	mication)
For further in	nformation co	ncerning this matter, please ca	ll;	
PATRICIA	KOHSMAN		954 363-7078 at ()	
	Name of		Area Code Daytin	ne Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.00 F	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 ADDRESS:

Registration Section

TO:

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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned
abbreviation "L.L.C."
<u> </u>
r the name of the new
2
Sign of the state
O Zip Code

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	BRANESP REALTY VENTURES	145 MADEIRA AVE., STE 311	Add
		CORAL GABLES, FL 33134	□ Remove
			■ Change
MGR	CITY & ENVIRONS, INC	145 MADEIRA AVE, STE 311	
		CORAL GABLES, FL 33134	□ Remove
			E Change
			Add
			□ Remove
			Change
		Add	
			☐ Remove
			☐ Change
			Add
•,			☐ Remove
9,	•		☐ Change
			Add
٠.			Remove
			☐ Change

, , , , , , , , , , , , , , , , , , , ,		
		
<u> </u>		9
		MAL 31
		<u> </u>
	SNY C	
	FS	
	CONTROL STATE	-
	```	
ffective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of filing of the late inserted in this block does not meet the applicable statutory fillocument's effective date on the Department of State's records.	(optional) r more than 90 days after filing.) Pursuan ling requirements, this date will not	t to 605.0 be listed
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a.m. on the	earlier
Dated // Para		
Signature of a member or authorized representat	tive of a member	
Digitality of a monitor of auditorized representati		

Page 3 of 3

Filing Fee: \$25.00