## L03000024775

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: GIT Properties, LLC  Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Gregory Sean Foster Name of Person			
GIT Properties, LLC Firm/Company			
8672 130 Hd. N. Address			
Construction @ Vista builders. com E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Gregory Sean Foster at (561) 722-9708 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} \\ (additional copy is enclosed) \$\ \t			

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
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL	ED
OB NOV IS	#14.
SECRETARY ALLAHASSEE	OF STATE FLORIDA

GIT Propertie	S. LLC	IT records.)
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on ou Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Compar	ny were filed on <i>Nov</i> .	13, 2009 and assigned
Florida document number <u>Lo30000 24775</u> .		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
NJA.		
The new name must be distinguishable and end with the words "Lir" L.L.C."	mited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/B	1
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
	<i>N /A</i>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
THE THE PARTY OF T	Enter Flo	rida street address
		, Florida
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>:</u>	
I hereby accept the appointment as registered agent and ag the provisions of all statutes relative to the proper and com accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	iplete performance of my s provided for in Chapter	duffes, and I am familiar with and 608, F.S. Or, if this document is

Page 1 of 2/

If Changing Registered Agent, Signature of New Registered Agent

Isamending 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 **Type of Action Address Title** <u>Name</u> Gregory Sean Foster MGR Add Remove GIT Properties LLC HGR. ∏ Add Remove ☐ Add Remove Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated November 13 Signature of a member or authorized representative of a member Gregory Sean Foster
Typed or printed name of signee

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Filing Fee: \$25.00