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RETARY OF STATE AHASSEE, FLORIDA

K. SALY EXAMINER AUG 10 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 248848 AUTHORIZATION COST LIMIT : ORDER DATE: August 9, 2016 ORDER TIME : 2:59 PM ORDER NO. : 248848-010 CUSTOMER NO: 4728874 DOMESTIC AMENDMENT FILING NAME: GNL PENSACOLA GP, LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CERTIFIED COPY
XX PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 AUG-9 AM 8: 49

MALLAHASSEE FLORIDA

GNL PENSACOLA GP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

•	, , , , , , , , , , , , , , , , , , , ,	" MONI
The Articles of Organization for this Limited Liability Florida document number L05000050905		and assigned
Florida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office adented agent and/or the new registered office adented agent.	istered office address on our records, <u>e</u> dress here:	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, and I agent as provided for in Chapter 605, F.S. red office address, I hereby confirm that th	am familiar with and Or, if this document is
	If Changing Registered Agent, Signature of Ne	w Registered Agent

If amendin	g Authorized Person(s) authorized to n	nanage, <u>enter the t</u>	itle, name, and address of each person being added
MGR = N	Anager		2016 AUG -9 AM 8: Type of Action
Title	<u>Name</u>	Address	TALLAHASSEE, FLORIDAD Add
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To remove: Article	VI.B.2.b. of the Articles of Organization dated May 16, 20	005
		
		
		
		P.C.
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If the date inserted in this b	ust be specific and cannot be prior to date of filing or more than 90 days after filing, block does not meet the applicable statutory filing requirements, this date Department of State's records.	Pursuant to 605.02
ord specifies a delaye 90th day after the red	ed effective date, but not an effective time, at 12:01 a.m. ecord is filed.	on the earlier
August	Estad Sastin	
>	, , , , , , , , , , , , , , , , , , , 	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00