1050000050512

(Pa	questor's Name)	
en)	questors ivame)	
(Ad	dress)	
(Ad	dress)	_
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to	 Filing Officer:	
•	J	
		Ì

Office Use Only



700386432877

65.82.00 -81985-831 **25.83

SHOWERARY OF STATE

2022 MAY -2 AM 7: 10

JUN 2 3 2022 S. PRATHER

DocuBign Envelope ID: 13BC68CC-820C-4C58-9D1D-CDE8B722B2A6 COVER LETTER

	Corporations		
A-1	arbour Properties, LLC		
	Name of Lim	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Jo A. Callaway		
		Name of Person	
		Firm/Company	
	14220 Royal Harbour Ct.	- Unit 610	
		Address	
	Fort Myers, FL 33908		<u>.</u>
		City/State and Zip Code	
	jo@gulfharbourproperties.c	to be used for future annual report notif	(iestion)
For further information	on concerning this matter, please c		,
Jo Callaway		239 980-9999 at ()	
Nar	ne of Person	Area Code Daytime	e Telephone Number
Enclosed is a check fo	or the following amount:		
■ \$25.00 Filing Fee	e ☐ \$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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

DocuSign Envelope ID: 13BC68CC-820C-4C58-9D1D-CDE8B722B2A6

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION **OF**

Gulf Harbour Properties, LLC	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number L05000080512	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Greg and Jo Callaway, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	fity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14220 Royal Harbour Ct.
(Principal office address MUST BE A STREET ADDRESS)	Unit 610
	Fort Myers, FL 33908
Enter new mailing address, if applicable:	14220 Royal Harbour Ct.
(Mailing address MAY BE A POST OFFICE BOX)	Unit 610
	Fort Myers, FL 33908
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Address on our records, enter the name of the new registered 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

Docusign Envelope ID: 13BC68CC-820C-4C58-9D1D-CDE8B722B2A6 in amending Authorized rerson(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
			□Add
			□Remove
		<u></u> ,	□ Change
	···		□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
	·	<u> </u>	□Add
			□Remove
			□Change

D. If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessar	ry.)		
_			_	
_		· <u>-</u>	_	
		_		
_		··· -	_	
_			_	
_			_	
_				
_			_	
_			_	
			_	
		<u></u>	_	
_	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
_			_	
_			_	
(If an effe <u>Note:</u>	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date it's effective date on the Department of State's records.	g.) Pursuant to 6	05.0207 sted as	(3)(t the
f the record ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) -1 d.	The 90th day af	ter the	
Dated _	4/28/2022	TALL	2022	
	Jo Il Callaway Signature of a member or authorized representative of a member	Schallar Or S	2022 MAY -2 AM	<u></u>
	Signature of a member or authorized representative of a member	SEC.	-2 -2	
	Jo A. Callaway Typed or printed name of signee	7.0 	\M 7:	زے

Filing Fee: \$25.00