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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Se Division of Cor		·	
SUBJE		PROPERTIES, LLC		
SOBJE	C1	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		William L. Mueller		
			Name of Person	
		Viking Associates		
			Firm/Company	
		4 Executive Campus, Suite	200	
			Address	
		Cherry Hill, NJ 08002		
		umualla Quikingaa manai	City/State and Zip Code	
		wmueller@vikingcommuni E-mail address: (to be used for future annual report notifica	ation)
For furt	her information co	oncerning this matter, please ca	all:	
William	L. Mueller		856 488-2514	
	Name o	f Person	at () Area Code Daytime T	elephone Number
Enclose	d is a check for th	ne following amount:		
\$25	.00 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
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

GERALD PROPERTIES, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records. d Liability Company))
The Articles of Organization for this Limited Liability Compan	ny were filed on	and assigned
Florida document number L05000109436		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TALE TALE
(Principal office address MUST BE A STREET ADDRESS)		MA AR
		TAF
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		OR PA
		Φ
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu street address	
	, Flor	rida

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

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
MGMR	Robert T. Healey	12440 Sunnydale Drive	
		Wellington, FL 33414	■ Remove
			☐ Change
MGR 	Vikco, Inc.	4 Executive Campus, Suite 200	
		Cherry Hill, NJ 08002	□ Remove
			Change
			Remove
			□ Change
			
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change

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fective date, if other than the date of filing:	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605.02
ote: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed
cumon softeen dute on the Department of State s records.	
record specifies a delayed effective date, but not ar	effective time at 12:01 a.m. on the earlier
The 90th day after the record is filed.	Terrocard arms, at 12101 arm, or the darms.
V 107	
March 26 , 2018	
Wiliam & Mulle	
Signature of a member or authorized	d representative of a member
Digitatore of a member of authorized	

Page 3 of 3

Filing Fee: \$25.00