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COVER LETTER

TO:	Registration Section Division of Corpor					
SUBJ	ECT: Gero		re, LC. ted Liability Company			
The en	iclosed Articles of Am	endment and fee(s) are subr	nitted for filing.			
Please	return all corresponde	nce concerning this matter t	o the following:			
		Laur	Y Couty (e) Name of Person			
		Gerard	J. Conture, CC.			
			Firm/Company		2019	
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		Port Ch	arlotte, FC 3395	3	P# 1	
	-		avry @ gment. Com o hewked for future annual report notifi	cation)	D PH 4: 12	
For fu	rther information conc	erning this matter, please ca	il:			
	Lavry Cod	rson	at (<u>941</u>) <u>979- {</u> Area Code Daytime	SiSO Telephone Number		
Enclos	sed is a check for the fo	ollowing amount:				
□ \$2	5.00 Filing Fee I	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
	MAILING Registratio	GADDRESS:	STREET/COURIE Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Gerard J. Cold	ru(e
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 1/25 20e/0 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company " the decignation "LLC" or the abbreviation "LLC"
The new name must be distinguishable and contain the words. Elitated Liabit.	
Enter new principal offices address, if applicable:	012 Tamiami Trail
(Principal office address MUST BE A STREET ADDRESS)	Port Charlotte, FC
	<u> 33953</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	2019
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our records, enter flie name of the pre
Name of New Registered Agent:	
New Registered Office Address:	2
	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

	Authorized Person(s) authorized to n from our records:	nanage, enter the title, name, and address o	f each person being added
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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