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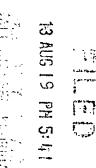
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COVER LETTER

Division of Cor	porations		
SUBJECT:	Name of Limit	Coast Propertied Liability Company	ies CCC
	Amendment and fee(s) are sub	-	13 AUG 19 PM
	-	MGGeevy Name of Person	S. F.
	Florida	Gulf Coast Pro	sperties LLC
	21694	Helmschale P	υN
	_ Estero,	FC. 3392	-8
• . •	<u>Jesse H</u> E-mail address: (t	City/State and Zip Code CGCECYC Mail o be used for future annual report not	ification)
1 3	oncerning this matter, please c	7 _{at (239)} 🚳 8	198-5329 me Telephone Number
Enclosed is a check for t	ne following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□S55.00 Filing Fee & Certified Copy	☐\$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

TO:

'Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appear on our records.)

The Articles of Organization for this Limited Liability Company we	ere filed on $03/14/20$	うん and:	assigne	:d
Florida document number LO60000 27.075			J	
This amendment is submitted to amend the following:		•	-uh	
A. If amending name, enter the new name of the limited liabilit	y company here:	- مدام رامان	ලා ලා	1. N. J.
REFINALY	LLC		18	چاد چا مسعونه . حسمت
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation	"LLC" or th	ne alibre	viation
Enter new principal offices address, if applicable:		•	٦ż	1
(Principal office address MUST BE A STREET ADDRESS)		124		
			٠	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name	e of th	e new
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street ad	ddress	- 1	
·				
	City	Zip Co	ode	

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 608, 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 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 <u>Title</u> <u>Name</u> **Address** Type of Action Ryan Trendlay 27257 Galleon Dr. X Add Boxita Springs, FC. 34135 Remove MGRM Marc Conisar 19364 La Serna Dr. XAdd fort Tyers, Fl. 33967 Remove Remove

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
Dated	08/16/2013,
	Signature of a member or authorized representative of a member
	Tesse M'Greevy Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

Page 3 of 3
Filing Fee: \$25.00

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