L06000035787

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SEP 1 3 2012 EXAMINER



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COVER LETTER

	on Section f Corporations			
SUBJECT:	648 Tı	ulip Lane LLC		
3000CT.		ited Liability Company		
The enclosed Articl	es of Amendment and fee(s) are su	bmitted for filing.		
Please return all con	rrespondence concerning this matter	r to the following:		
	Maureen Brennan		DIVERSE BY CARRY OF DIVERSE BY SEP 12 PH 201	
		Name of Person	9 7	
	(Gelcorp Management Firm/Company 8965 SE Bridge Road Suite 207 Address		
	8965			
		L L . O		
		Hobe Sound, FL 33455 City/State and Zip Code		
	ge	lcorpmgmt@gmail.com		
	E-mail address:	to be used for future annual report notific	ation)	
For further informa	tion concerning this matter, please	call:		
	Maureen Brennan		546-4197	
N	ame of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check	for the following amount:			
\$25.00 Filing F	ee\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section		STREET/COURIE Registration Section		
P	Division of Corporations CO: Box 6327 Callahassee, FL 32314	Division of Corpora Clifton Building 2661 Executive Cen	ter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

648	3 Tulip Lane LLC		PSA PARTY
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appea a Limited Liability Company)	rs on our records.)	7
The Articles of Organization for this Limited Liability	Company were filed on	April 5,2006	and assigned
Florida document numberL06000035787	,		9
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :	
Vero	FL Properties LLC		
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			- den
B. If amending the registered agent and/or reg		our records, <u>enter t</u>	he name of the new
,			
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	F.	nter Florida street add	V/ICC
	Ei		
	Cin	, Florida	Zin Code
	+IIV		zm Coae

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member **Title Type of Action** <u>Name</u> **Address** ☐ Add Remove \square Add Remove \square Λ dd Remove \square \land dd Remove _□Adđ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 31 2012 Signature of a member of authorized representative of a member Jeff Gelman Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00