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COVER LETTER

TO:	Registration Se Division of Cor				
SHBJ	ECT:	Ga	arfer, LLC		
\$ DD \$			ited Liability Company		
		Amendment and fee(s) are sul	-		
	·	C	J		
		Tomr	ny D. Permenter, Jr., Esq.		
			Name of Person		
The Permenter Law Firm, P.A.					
Firm/Company					
2201 S.E. 30th Avenue, Suite 202 Address					
			ridateds		
			Ocala, Florida 34471 City/State and Zip Code		
		tom	my@permenterlaw.com		
Ear fu			to be used for future annual report notific	ation)	
ror iu	rther information c	oncerning this matter, please o	cau:		
	Tommy D.	Permenter, Jr., Esq.	at (352) 6	22-1811	
	Name	rreison	Alea Code & Daytine	retephone Number	
Enclos	sed is a check for th	e following amount:			
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ation Section n of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

ARTICLES OF AMENDMENT FILED. TO ARTICLES OF ORGANIZATION SEP 11 PM 3: 23 OF SECRETARY OF STATE. TALLAHASSEE, FLORIDA

(<u>Name of the Limited Li</u> (A Fl	Garfer, LLC ability Company as it now appea orida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liab Florida document number	• • •	June 12, 2007 and assigned	
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	e limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with to "L.L.C."	he words "Limited Liability Compa	any," the designation "LLC" or the abbreviat	_ ion
Enter new principal offices address, if applicable	le:		_
(Principal office address MUST BE A STREET A	4DDRESS)		
		· · · · · · · · · · · · · · · · · · ·	-
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BO	<u></u>		_
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, enter the name of the n	- <u>ew</u>
Name of New Registered Agent:			_
New Registered Office Address:	Б.	den Florido de de del del con	_
	Enter Florida street address		
	City	, Florida Zin 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 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 = M	Ianaging Member		
Title,	<u>Name</u>	Address	Type of Action
MGRM	Janet Gonzales	2603 S.E. 17th Street, Suite A Ocala, Florida 34471	Add Remove
<u>MGRM</u>	Janet Gonzales, Successor Trustee of the Robert J. Gonzales Family Trust	1951 Twin Bridge Circle Ocala Florida 34471	Add ☑ Remove
MGR	Janet Gonzales LeGrand	5755 County Road 377 Hillsboro, Alabama 35643	✓ Add — Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	IN SEP II PM 3 23 SECRETARY OF STATE FALLAHASSSEE, FLORDA
Dated	September 4 , 20	13	_
	Signature of a member	or authorized representative of a member	
		Gonzales LeGrand	

Page 2 of 2

Filing Fee: \$25.00