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(((H180001824643)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEOFOLD KORN & LEOFOLD, P.A.

Account Number : 120010000025 : (786)899-2235 : (305)935-9042 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GS EMERALD HILLS LLC

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TO: Registration Section

## **COVER LETTER**

Division of Co	rporations		
GS Emera	id Hüls LLC		·
30INEC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
·	Melissa Sosa, RE Paralega	ď	
		Name of Person	
	Leopold Kom, P.A.		
		Firm/Company	
	20801 Biscayne Blvd., Sui	ite 501	
		Address	
	Avenura, FL 35180		
		City/State and Zip Code	
	E-mail address: (	to be used for fetture annual report notif	ication)
For further information	concerning this matter, please c	all:	
Melissa Sosa		786 \$99-2232	
Name	of Person	Area Code Davimo	: Telephone Number
Enclosed is a check for	the following smount:		
<b>■ \$25.00</b> Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (sidificial copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Yallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Jun. 19. 2018 12:04FM

## H18000181184643

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

GS Emerald Hills LLC	Company as it now appears on our records.)
(A Florida Lu	omnany as it now appears on our records.) muted Liability Company)
The Articles of Organization for this Limited Liability Com	mpany were filed on 08/28/2007 and assigned
Torida document number L07000087917	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	
Euter new mailing address, if applicable:	EE, F. O. A. J.
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	Enter Fiorida street address
	, Florida
	-> 1 K(1) ++++

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

Jun. 19. 2018 12:05FM



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
MGR	Efraim Saragovia	4651 Sheridan St., Suite 302	
	<del></del>	Hollywood, FL 33021	■ Remove
			CI Change
MGR	Nazari Associates V, LLC	10805 NW 41st Street	<b>a</b> Add
		Doral FL 33178	C Respove
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he reco	ord specifies a dela 90th day after the	yed effective date, burecord is filed.	it not an effective t	ime, at 12:01 a	i.m. on the ear	lier of:
J Dated _	une 13	2018		<b>)</b>		
		Yes	12=			
				at a member		
		glamatrice of a incurrect o	r authorized representative	: or a memora		

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