

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phon	e #)
PICK-UP WAIT	MAIL
(Business Entity Na	me)
(Document Number)	)
Certified Copies Certificate	s of Status
Special Instructions to Filing Officer:	

Office Use Only



800430394058

USAL- 24 - 01111 - 611 - •-1 ...

2024 HAY 24 AM 4: 46

FILED

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: GPA Inv	estment Proper	ties LLC
	Name of Limited Liability Company	
The enclosed Articles of Amendment and for	e(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Patri	Ciq Graham Name of Person	
GPAI	nuestment Prope	Hies UC
1510)	1W 12-th St. Address	
Ft. La	city/State and Zip Code	311
<u>Scrteen</u> E-n	735 a) bell south • 1 ail address: (to be used for future annual re	port notification)
For further information concerning this mat	ter, please call:	
Patricia Grahar Name of Person	at (G54) area Code	Daytime Telephone Number
Enclosed is a check for the following amount	nt;	
\$25.00 Filing Fee \$30.00 Filing Certificate		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Add	tress:

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

.

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

i

GPH Investment Pic		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on our r iability Company)	eçords.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L08000034546</u> .	were filed on <u>04/0</u>	4/2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
PG Property Group LLC The new name must be distinguishable and contain the words "Limited Liabili	-	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)		202
		HAY T
Enter new mailing address, if applicable:	NIA	24 F
(Mailing address MAY BE A POST OFFICE BOX)		A 2 11
		; n
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	uddress
		_, 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

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
			□Add
		<del></del>	□ Remove
			☐ Change
			□Add
			□ Remove
		<del></del>	□Change
			□Add
			Remove
		□ Add	
		□ Remove	
			□Change
			□Add
<del></del>			□Add
			Change

## Page 2 of 3

<del></del>	
- <del></del>	
(If an effective Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated _	Patricia Graham  Typed or printed name of signee
	Patricie Grahaum
	Signature of a member or authorized representative of a member