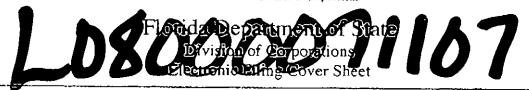
1/30/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:				
	Division of Con	rporations		
	Fax Number	: (850)617-6383		
From:			行 款	9
	Account Name	: CORPGRATE CREATIONS	INTERNATIONAL INC	
	Account Number	: 110432003053	흔드	<u>돌</u> ~~
	Phone	: (561)694-8107	<i>₩</i> 3.5	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GAYLORD INVESTMENTS, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAYLORD INVESTMENTS LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	(aş if now appears on our records.) Dihity Company)
The Articles of Organization for this Limited Liability Company w Florida document number L08000071107	rere filed on 07/24/2008 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the enbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	is is in
Enter new mailing address, if applicable:	THE SECOND
(Mailing address MAY BE A POST OFFICE BOX)	OF O
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	V
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

If Changing Registered Agent, Signature of New 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 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

Title	Name	Address	Type of Action
MGR	CAPUTI, ANGELO	2806B WESTON ROAD	
		WESTON, FL 33331	
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