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EXAMINER

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COVER LETTER

TO: Registration Sec Division of Corp		<u>.</u>		
SUBJECT: Pollack-	Golden Investments (Name of Limit	s, LLC ited Liability Company)		
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		•
	Christopher T. Graham,	Esq.		
		(Name of Person)		
	The Graham Private Client Law Group, P.C.			-
		(Firm/Company)	AR O	
	75 Fourteenth Street NE,	10 FARY ASSE	FILED	
		(Address)	mo n	, ,
-	Atlanta, Georgia 30309		2008 NOV 10 PM 4: 49 SECRETARY OF STATE TALLAHASSEE. FLORID	٠.
		(City/State and Zip Code)	Off 9	
For further information co	oncerning this matter, please c	ali:		
Melanie Alberico		at (_404) 974-3483		
(Name of	f Person)	on) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the	e following amount:			
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pollack-Golden Investments, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records ed Liability Company)	_)
The Articles of Organization for this Limited Liability Comp	any were filed on October 2, 2008	and assigned
Florida document number L08000093678		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
GP Realty Investors, LLC		
The new name must be distinguishable and end with the words "l"L.L.C."	Limited Liability Company," the designati	
Enter new principal offices address, if applicable:		ZOBB NOV
(Principal office address MUST BE A STREET ADDRESS	5)	NOV 10
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		I E D ARY OF STATE SSEE, FLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida stre	et address)
	•	,
	, Florid (City)	la(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 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 = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	<u> </u>		Add Remove
			TALCARA TO
			SSEE FLORI
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	Add Remove
Dated Nove	//17.	<u></u>	
	_	r or authorized representative of a member	
	Christopher T. Graham,	, Esq.	

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Filing Fee: \$25.00