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(Requestor's Name)
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(Business Entity Name)
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SECRETARY OF STATE

T. CLINE
JUL 10 2009

EXAMINER

COVER LETTER

	tion Section of Corporations		
SUBJECT:	4984	4 GGC, LLC	
		ited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are sul	bmitted for filing.	
Please return all co	orrespondence concerning this matter	r to the following:	
		CRAIG D. BLUME	
		Name of Person	
	C	RAIG D. BLUME, P.A.	
		Firm/Company	
	800 HARBOUR DR		
		Address	SECRETARY
	NAPLES, FLORIDA 34103		
		City/State and Zip Code	(17)
	E-mail address: (to be used for future annual report notific	ration)
For further informa	ation concerning this matter, please of	call:	of STATE OF STATE
	CRAIG D. BLUME	4: \	117-4848
Ŋ	Name of Person	Area Code & Daytime	Telephone Number
Enclosed is a checl	k for the following amount:		
₹ \$25.00 Filing F	Gee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIE Registration Section Division of Corpora Clifton Building	
		2661 Executive Cen	ter Circle

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

498	84 GGC, LLC			
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appea Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C	ompany were filed on	JUNE 5,2009	and assigned	ŀ
Florida document number L0900054829				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	<u>re</u> :		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Compa	any," the designation "I	LLC" or the abbrev	iation
Enter new principal offices address, if applicable:			700 TAL	
(Principal office address MUST BE A STREET ADDR	RESS)		<u> </u>	77
	<u> </u>		AHAS AHAS	Total Park
			SE W	-97
Enter new mailing address, if applicable:			A A	(· · · ·)
(Mailing address MAY BE A POST OFFICE BOX)			000 00 00 00 00 00 00 00 00 00 00 00 00	
			<u>5</u> m ∞	
B. If amending the registered agent and/or regist		our records, enter (the name of the	new
Name of New Registered Agent:		······································		
New Registered Office Address:	·			
	Enter Florida street address			
		, Florida		
	Citv		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	ST Homes, LLC	3164 DAVIS BLVD NAPLES, FL 34104	Add Remove
MGR	NGT, LLC	3164 DAVIS BLVD NAPLES, FL 34104	✓ Add ☐ Remove
		A C	5
		HASSEE. FI.ORI	Remove
		A (Add Remove
D. If amendi	ng any other information, enter change((s) here: (Attach additional sheets, if necessary.)	_
			-
Dated	,		_
-	Signature of a member of	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00