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2009 SEP 28 PM 1: 05
SECRETARY OF STATE A

M.M. THOMAS

See SEP 2 9 2009

EXXAMINER

FF \$05

COVER LETTER

Division of C	orporations			
SUBJECT:	498	4 GGC, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	pondence concerning this matte	r to the following:		
		CRAIG D. BLUME		
		Name of Person		
	C	RAIG D. BLUME, P.A.		, .
		Firm/Company		TASI AN
		800 HARBOUR DR		FILED 28 PH 1: 05 SECRETARY OF STATE ALLAHASSEE, FLORIOR
		Address		SER OF ITT
	NA	PLES, FLORIDA 34103		EFER D
		City/State and Zip Code		第 6
				70 J
	E-man address; (to be used for future annual report notifi	ication)	
For further information	concerning this matter, please	call:		
	AIG D. BLUME	at (_239)	417-4848	
Name	of Person	Area Code & Daytime	e Telephone Number	•
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)) Certified	te of Status &

MAILING ADDRESS:

TO:

Registration Section

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

4984 GG	iC, LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our iability Company)	records.)		
,				
The Articles of Organization for this Limited Liability Company	were filed onJUNE	5, 2009 and assigned		
Florida document numberL09000054829				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:	, , , ,		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the o	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	3164 DAVIS BLVD	聖帝 写		
(Principal office address MUST BE A STREET ADDRESS)	NAPLES, FL 34104	75 8 IT		
		Eng P		
Enter new mailing address, if applicable:	3164 DAVIS BLVD	1:05 STATE FLORID		
(Mailing address MAY BE A POST OFFICE BOX)	NAPLES, FL 34104	7		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Flori	da street address		
	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 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 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Asset Acquisition Services	1243 11th Street North Naples, FL 34102	Add ☑ Remove
MGR	ST Homes, LLC	3164 Davis Blvd Naples, FL 34104	Add Remove
			Add Remove
			Add Remove
			SEPRED PH
			Add:
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ry.)
Dated			
	Signature of a member	er or adhorized representative of a member	
	Турес	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00