

LO9000099/87

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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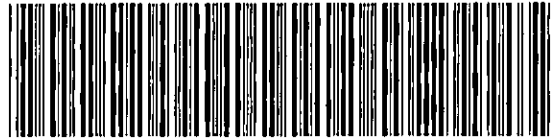
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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K. SALY
AUG -6 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: G2 MASTER PARTNERSHIP, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL J. KUHN

Name of Person

GRAYROBINSON, P.A.

Firm/Company

301 SOUTH BRONOUGH STREET, SUITE 600

Address

TALLAHASSEE, FLORIDA 32301

City/State and Zip Code

MGornto@harbourpetro.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel J. Kuhn/Chris Gibson

850 577-9090
at (_____) _____

Name of Person

Area Code

Daytime 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)

☐ \$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

FILED
18 AUG -3 AM 7:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G2 MASTER PARTNERSHIP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/12/2009 and assigned
Florida document number 1.09000099187.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MARK S. GORNTO

New Registered Office Address:

21 WEST FEE AVENUE, SUITE F

Enter Florida street address

MELBOURNE

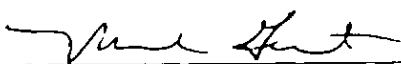
City

Florida 32901

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

| Title | Name | Address | Type of Action |
|-------|---|--------------------------------|--|
| MGRM | SAMUEL E. GORNT0, TRUSTEE | 21 WEST FEE AVENUE, SUITE F | <input type="checkbox"/> Add |
| | | MELBOURNE, FL 32901 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM | MARK S. GORNT0 | 21 WEST FEE AVENUE, SUITE F | <input type="checkbox"/> Add |
| | | MELBOURNE, FL 32901 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | MARK S. GORNT0, as Trustee of the MARK SAMUEL GORNT0 TRUST dated July 20, 2012 | 21 WEST FEE AVENUE, SUITE F | <input checked="" type="checkbox"/> Add |
| | | MELBOURNE, FL 32901 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: 04/30/2018 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated April 30 2018



Signature of a member or authorized representative of a member

MARK S. GORNT0, as Trustee of the MARK SAMUEL GORNT0 TRUST dated July 20, 2012

Typed or printed name of signee