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SECRETARY OF STATE
FALLAHASSEF, FI ORIDA

J. BRYAN
DEC 24 2009
EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJECT: GT3RS Properties, LLC					
			ited Liability Company		
The en	nclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
C. Randolph Coleman					
			Name of Person		
		T	he Coleman Law Firm		
			Firm/Company	- 1111111111111111111111111111111111111	7
9250 F		9250 E	Baymeadows Rd. Suite 450))9 0
			Address		EC 2
	Jacksonville, FL 32256			09 DEC 23 AM II: 1 SECRETARY OF STAI ALL AHASSEE, FLOR	
		City/State and Zip Code		PF S	
		rcolema F-mail address: (an@thecolemanlawfirm.ne to be used for future annual report noti	fication)	SET -
For fu	rther information	concerning this matter, please of	·		
	******	ndolph Coleman	at (_904_)	448-1969	
	Name	of Person	Area Code & Daytin	ne Telephone Number	Ŧ
Enclos	sed is a check for	the following amount:			
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified	te of Status &
•	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GT	3RS Properties, LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now apprida Limited Liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited Liabi	lity Company were filed on _	December 4, 2009	and assigned
Florida document numberL0900011567	0		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company	<u>here</u> :	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Cor	npany," the designation "LLC	or the abbreviation
Enter new principal offices address, if applicable	e:		R R T
(Principal office address MUST BE A STREET A	DDRESS)		23 -
		<u>्</u>	
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BO	<u></u>		D
			<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:		<u> </u>	
		Enter Florida street addres	S
-	<u> </u>	, Florida	7:- C-1-
	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 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 = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action **MGRM** Sandra Hahnemann 509 Anastasia Blvd. Add St. Augustine, FL 32080 ∇ Remove ☐ Add Remove ☐ Add ☐ Remove M Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 21 2009 Dated_ Signature of a member or authorized representative of a member C. Randolph Coleman Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00