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G. MCLEOD

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**EXAMINER** 



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LECRETARY OF STATE

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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |  |
|--|--|--|
| SUBJECT: GWF Real Estate Group, UC 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:  |  |  |
| Linda D. Mitchell  |  |  |
| Guf Real Estate Group, UC  |  |  |
| 6990 Pine Forest Road  |  |  |
| Pensacola, Fl 32526  |  |  |
| City/State and Zip Code  Inda. Mitchell @ My gutte. com  E-mail address: (to be used for future annual report notification)  |  |  |
| For further information concerning this matter, please call:   |  |  |
| Linda D. Mitchell at 80, 944-3233  Name of Person Area Code & Daytime Telephone Number   |  |  |
| Enclosed is a check for the following amount:  |  |  |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ 55.00 Filing Fee & \$\text{Certified Copy}\$ (additional copy is enclosed) \$\text{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

| Guf Real Estate  (Name of the Limited Liability Compan (A Florida Limited Li   | y as it now appears on our records.) ability Company)            |
|--|--|
| The Articles of Organization for this Limited Liability Company of Florida document number LIOCOSIBOAL                   | were filed on <u>Feb 17, 2010</u> and assigned                   |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liabi   | lity company here:   |
| The new name must be distinguishable and end with the words "Limit"L.L.C."   | ed Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | TAU <b>3</b>   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                                    | JUN 28 PH<br>CRETARY OF<br>AHASSEE.                              |
| (Mulling duaress MAT BE A FOST OFFICE BOX)   | ORDE 25  |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here |  |
| Name of New Registered Agent:  | D. Mitchell  |
| New Registered Office Address: 6990  | Pine Forest RD (IN)  Enter Florida street address                |
| Pens   | acola, Florida 32526   |
| New Registered Agent's Signature, if changing Registered Agent:  | City Zip Code  |

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 40B, 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, Sonature of New Registered Agent

Page 1 of 2

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** ☐ Add **X** Remove Remove \_ ☐ Add Remove \_ Add Remove □Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or author Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00