410000 58276

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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DIVISION OF CORPORATIONS

APR 2 5 2012 T. HAMPTON

COVER LETTER

| TO: | Registration Section Division of Corpora | | | 10° |
|----------------|--|--|---|---|
| ~ | | CG I Pro | operties, LLC | |
| SUBJI | scr: | | ed Liability Company | · · · · · · · · · · · · · · · · · · · |
| The en | closed Articles of Ame | ndment and fee(s) are subr | nitted for filing. | |
| Please | return all corresponden | ce concerning this matter t | to the following: | |
| | _ | | Howard Conner | |
| | | | Name of Person | |
| | | С | GJ Properties, LLC | |
| | | | Firm/Company | |
| | _ | 3829 | Brampton Island Ct N | |
| | | | Address | |
| | | Jac | cksonville FL 32224 | |
| | | | City/State and Zip Code | |
| | | E-mail address: (to | conner@comcast.net be used for future annual report notifica | ution) |
| For fur | ther information conce | rning this matter, please ca | | · |
| Howard Conner | | | at (904) 2 | 23-7880 |
| | Name of Pers | on | Area Code & Daytime | сперионе миност |
| Enclose | ed is a check for the fol | lowing amount: | | |
| ▼] \$25 | 5.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fcc, 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 SECRETARY OF STATE DIVISION OF CORPORATIONS

12 APR 24 AM II: 21

| | CG, | J Properties, LLC | | |
|--|---------------------------------------|---|--------------------------|--------------------------|
| (<u>Na</u> | me of the Limited Linbil (A Florid | ity Company as it now appea a Limited Liability Company) | rs on our records.) | |
| The Articles of Organization 1 | for this Limited Liability | Company were filed on | 05/25/10 | and assigned |
| Florida document number | L10000058276 | · | | |
| This amendment is submitted | to amend the following: | | | |
| A. If amending name, enter | the new name of the li | mited liability company her | <u>re</u> : | |
| The new name must be distingui "L.L.C." | ishable and end with the w | ords "Limited Liability Compa | nny," the designation "l | LLC" or the abbreviation |
| Enter new principal offices a | address, if applicable: | | | |
| (Principal office address MU | ST BE A STREET ADI | ORESS) | | |
| | | ······································ | | . , |
| Enter new mailing address, | if applicable: | | | |
| (Mailing address MAY BE A | POST OFFICE BOX) | | | |
| | | | | ····· |
| B. If amending the registered agent and/or the r | | | our records, enter t | the name of the new |
| registered agent and/or the r | iew registered office ac | aress nere. | | |
| Name of New Regist | ered Agent: | | | |
| New Registered Offi | ce Address: | Fu | ter Florida street ada | lvace |
| | | En | | n ess |
| | - | City | , Florida | 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> | Name | Address | Type of Action |
|--------------|---------------------------------------|--|--|
| MGMR | Patrick Gergen | 15130 SE Newport Way Suite 101 Bellevue WA 98006 | Add Remove |
| · | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amend | ling any other information, enter cha | nge(s) here: (Attach additional sheets, if necessary.) | SECRETARY OF STATE OF STATE OF CORPORATIONS 12 APR 24 AM 11: 21 |
| Dated | Nowa. | ber or authorized representative of a member | |
| | • | Howard Conner ed or printed name of signee | |
| | 1 y p | ea or printed littlife or digitee | |

Page 2 of 2

Filing Fee: \$25.00