## 1100000071641

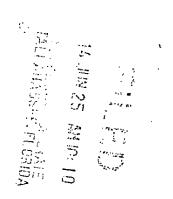
(Re	questor's Name)	
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## **COVER LETTER**

Division of Corpo			•
SUBJECT. Gillis I	Property Holdi	ings, LLC	
SUBJECT:		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Scott J. Wor	tman	
		Name of Person	
	Korte & Wor	tman, P.A.	•
		Firm/Company	<del></del>
	2041 Vista F	Parkway	
		Address	
	West Palm E	Beach, Florida 33	3411
	40070	City/State and Zip Code	·
	sop1987@comca	IST. NOT to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	all:	
Scott J. Wo	rtman	<sub>at</sub> 561 <sub>)</sub> 228-62	200
Name of	Person	Area Code Daytime	Telephone Number
	,		•
Enclosed is a check for the	e 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

Gillis Property Holdings, LLC			_	
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	ility Company)			•
The Articles of Organization for this Limited Liability Company we Florida document number <u>L10000071641</u> .	re filed on July 7, 2010	and	l assign	ed
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liabilit</u>	y company here:			
The new name must be distinguishable and end with the words "Limited Liability	y Company," the designation "LLC" or the	abbreviati	on "L.L.	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	•	<del></del>		
-		<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
·				
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, ente	<u>r the na</u>	me or	the new
Name of New Registered Agent:				
				2 11
New Registered Office Address:	Enter Florida street address	<del></del>	(J)	1 739 84
	, Florida _	_ <del></del>	75	<u> 777)</u>
New Registered Agent's Signature, if changing Registered Agent:	City	Zip (	Tode5	and the
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac- company has been notified in writing of this change	erformance of my duties, and I an ovided for in Chapter 605, F.S. C	agrèe to c n familia r, if this (	comply r with d docum	and ent is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action **Address** Title Name William Davison 126 10th Street mgrm □ Add Lake Park, Florida 33403<sub>■ Remove</sub> Patricia E. Davison 9431 Sunrise Drive mgrm Lake Park, Florida 33403 ☐ Add □ Add · 🖪 Remove \_\_\_ Add → ☐ Remove ☐ Add □ Remove

	<del></del>	
	•	
e effective date must be spec	han the date of filing:  cific, cannot be prior to date of receipt or filed date and cannot be more to by the Florida Department of State)	(optional) han 90 days after
e effective date must be spec e date this document is filed	cific, cannot be prior to date of receipt or filed date and cannot be more t	(optional) han 90 days after
e effective date must be spec e date this document is filed	cific, cannot be prior to date of receipt or filed date and cannot be more to by the Florida Department of State)	(optional) han 90 days after
e effective date must be spec	cific, cannot be prior to date of receipt or filed date and cannot be more to by the Florida Department of State)	han 90 days after

Page 3 of 3

Filing Fee: \$25.00

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