## 40000083187

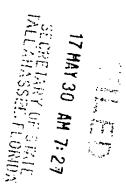
(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
eriger.	CEDIATO	7011 770		
SUBJE	GERMER 7			
		Name of Lim	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please t	eturn all correspo	ndence concerning this matter	to the following:	
		DANTE CONTO		
			Name of Person	·
		PORT TAMPA HOLDING	GS, LLC	
			Firm/Company	
		5418 W INGRAHAM ST		
			Address	
		TAMPA, FL 33616		•
			City/State and Zip Code	
		RRCONTO@GMAIL.COM		
			to be used for future annual report noti	fication)
For furt	her information co	oncerning this matter, please co	all:	
DANT	E CONTO		813 902-8900 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	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

GERMER 7211, LLC			
(Name of the Lim	ted Liability Company as it no (A Florida Limited Liability Co	w appears on our records.)	
The Articles of Organization for this Limited I Florida document number L10000083187	iability Company were file	ed on 08/09/2010	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability com	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compa	ny," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE	(BOX)	<del></del>	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		-	ter the name of the new
New Registered Office Address:	17425 BRIDGE HILL C		77. 17. 17. 17. 17. 17. 17. 17. 17. 17.
		Enter Florida street address	00 5
	TAMPA	, Florida	
	City		Zip Odde
New Registered Agent's Signature, if changing	Registered Agent:		0F 40

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 Regist ed 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	CONTO, DANTE	5418 W INGRAHAM ST	
		TAMPA, FL 33616	■ Remove
			□ Change
MGR	CONTO, DANTE	5418 W INGRAHAM ST	Add
		TAMPA, FL 33616	Remove
			☐ Change
MGRM	CONTO, DARLENE	5418 W INGRAHAM ST	Add
		TAMPA, FL 33616	■ Remove
			☐ Change
		_	Add
			□ Remove
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			Add
			Remove
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Typed or printed name of signee

Filing Fee: \$25.00