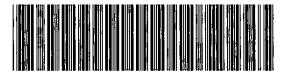
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COVER LETTER

TO:	Registration Se Division of Cor			
	Gondolier F	Properties, LLC		
SUBJ	ЕСТ:	Nama of Lim	ited Liability Company	
		Name of Lim	пед Главину Сотрану	
The en	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Thomas J. Cassidy		
			Name of Person	
		Gondolier Properties, LLC		
			Address	
		Venice, Florida 34293		
		gondolierlic@aol.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
Thom	as J. Cassidy		941 497-6622 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$ 2	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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Compa (A Florida Limited l	ny as it now appears on our reco Liability Company)	rds.)			
The Articles of Organization for this Limited Liability Company were filed on November 18, 2011 Florida document number L11000131736			2011	and assigned		
This amendment is submitted to amend the following:						
A. If amending name, enter the new name o	f the limited liab	ility company here:				
N/A						
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation "Li	LC" or the abbrevia	tion "L.L	C."	
Enter new principal offices address, if applic	able:					
Principal office address MUST BE A STREE			 	76		
				J.		
			\$2.5 \$2.5	8-	54 mag (16 2 1 mars (16 1	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2065 Tamiami Trail South		- TO		
		Venice, Florida 34293	E S	ί̈̈̈̈		
			7	08		
B. If amending the registered agent and egistered agent and/or the new registered or Name of New Registered Agent:	U	<u>e</u> : sidy	ds, enter the	name (of the	
New Registered Office Address:	2005 Tamiami	Enter Florida street add	~ess			
	Venice		F lorida			
		City	Zi	p Code		

New Registered Agent's Signature, if changing Registered Agent:

Condolier Properties LLC

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 Registered Agent, Signature of New Registered Agent

or removed from our records.

MGR = Manager AMBR = 'Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	John R. Cassidy	748 N. Casey Key Rd.	= Add
		Osprey, Florida 34229	□ Remove
			□ Change
MGR	Joellen C. Tilseth	21301 S. Tamiami Trail	Add
		Suite. 320, Box 332	■ Remove
		Estero, FL 33928	□ Change
			□ Add
			Remove Change
			☐ Add ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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		988 888	30	
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Filing Fee: \$25.00