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COVER LETTER

GBJECT:	GLADIOLUS COMMERCIAL PROPERTIES, LLC Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	ADAM CARNEY					
		Name of Person				
	CRAIG D. BLUME, P.A.					
		Firm Company				
	750 ELEVENTH STREET	T SOUTH, SUITE 202				
		Address				
	NAPLES, FLORIDA 3410)2				
	NADI ESTAWOFFICEGO	City/State and Zip Code				
	NAPLESLAWOFFICE@G E-mail address: (to be used for future annual report notif	ication)			
For further information	concerning this matter, please c	•				
ADAM CARNEY		239 417.4848				
Name	of Person	at () Area Code Daytime	Telephone Number			
Enclosed is a check for	the 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

TO:

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

GLADIOLUS COMMERCIAL PROPERTIES, LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited I	Liability Company	were filed on 11/29/2011	and assigned		
Florida document number L11000134587	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	oility company here:			
GLADIOLUS PROPERTY HOLDING COMPA	NY, LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		c/o 750 Eleventh Street South, Suite 202			
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Naples, Florida 34102			
		c/o 750 Eleventh Street South, Suite 202 Naples, Florida 34102			
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			the name of the		
registered agent and/or the new registered of New Registered Agent:	office address her		ECHLIANS EE		
registered agent and/or the new registered o	office address her	Street South, Suite 202 Enter Florida street address	ECHLIANS SEC. FLI		
registered agent and/or the new registered of New Registered Agent:	office address her	Street South, Suite 202 Enter Florida street address	ECHLIAN ELAHASS		

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	BROOKE MITCHELL	c/o 750 11th St S, Suite 201	□ Add
		Naples, Florida 34102	■ Remove
			Change
MGR	JBM Property Management, LLC	c/o 750 11th St S, Suite 202	■ Add
		Naples, Florida 34102	□ Remove
			☐ Change
			Add
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Effective date, if other than the factive date is listed, the date	the date of fi	ling:			(optional)		
If an effective date is listed, the date Note: If the date inserted in this							
document's effective date on the	e Department o	of State's recor	ds.	, mag requiremen	iti. iiii. date (e minea as
ne record specifies a delay	yed effectiv	e date, but	not an effect	tive time, at 12	2:01 a.m. c	n the e	arlier of
The 90th day after the r				,			
Dated APRIL 26		2018					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00