

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	∍ #)
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T. CLINE

MAY 30 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co							
SUBJECT:	GENS PO	DRPERTIES LLC					
	Name of Lim	ited Liability Company					
	of Amendment and fee(s) are su	_					
	(GIUSEPPE DAGHIN	0				
		Name of Person					
	 	Firm/Company					
6505 N.W. 77TH PLACE							
	F	PARKLAND, FL 3306	37				
City/State and Zip Code							
	E-mail address: (ACD227@LIVE.COM to be used for future annual re	port notification)		Z-S	8-3 6:3	,
For further information	concerning this matter, please		•		ECRET	202 附 29	
CARM	INE DE MICHELE	at (954)	254-30	95	SSE	29	[47]
	of Person		& Daytime Telepho	ne Number	OF STATE	₽M 4: 0	
Enclosed is a check for	-		·····		354)	©	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is		60.00 Filing Certificate Certified C (additional	of Status		i)

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

		PERTIES LLC					
(<u>Nar</u>	ne of the Limited Liability Com (A Florida Limite	pany as it now appear d Liability Company)	rs on our records.)				
-	or this Limited Liability Compa	ny were filed on	02/27/2012	and assig	med		
Florida document number	L12000027321						
This amendment is submitted t	o amend the following:						
A. If amending name, enter	the new name of the limited li	ability company her	<u>·e</u> :				
	GENS D PRO	PERTIES LLC					
The new name must be distinguis "L.L.C."	shable and end with the words "Li	mited Liability Compa	any," the designation '	'LLC" or the ab	breviation		
Enter new principal offices a	ddress, if applicable:						
(Principal office address MUS	ST BE A STREET ADDRESS)	<u> </u>		产品 製			
		 		HASS	- Constant		
Enter new mailing address, i	f applicable:			100 m	Fire services		
(Mailing address MAY BE A	POST OFFICE BOX)			STATE STATE			
B. If amending the registe registered agent and/or the n	-		our records, <u>enter</u>	the name of	the new		
Name of New Registo	ered Agent:						
New Registered Office	e Address:		F1 12				
		Enter Florida street address					
			, Florida	Zip Code			
		cuy		Lip Coue			

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 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 Type of Action **Title** Name **Address** DAGHINO, ALESSIA MGRM 6505 N.W. 77TH PLACE ✓ Add PARKLAND FL 33067 Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove **X** D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Signature of a member or authorized representative GIUSEPPE DAGHINO Typed or printed name of signee

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Filing Fee: \$25.00