# 112000041419

(Re	questor's Name)	
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. 4.	•	COVER LETTER	·
TO: Registration S		•	
SUBJECT:	7 8 D Lifeting Name of Lim	re Properties LL ited Liability Company	<u></u>
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	99 D 204 A	Name of Person  Lifetime Proper Firm/Company  J. Morgan St Address  — FL 3366 City/State and Zip Code Catiero a amail. to be used for future annual report notifi	<del> </del>
For further information	concerning this matter, please ca		
Dian	a Stanis of Person	at (813) 241- Area Code Daytime	9295 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
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

G&D Lifetin	ne Properties LLC
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L120000 41419	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADL	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
registered agent and/or the new registered office ad	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	if applicable:    POST OFFICE BOX   tered agent and/or registered office address on our records, enter the name of the new new registered office address here:
	City Zip Code

## 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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member ·

**Type of Action** Title **Address** Name 204 N. Morgan St □ Remove ☐ Change Remove ☐ Change □ Add ☐ Remove ☐ Change Change ☐ Add □ Remove ☐ Change ☐ Add ☐ Remove □ Change

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ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing or	more than 90 days at	iter filing.) Pursu	ant to 605	5.02
te: If the date inserted in this block does not meet the applicable statutory fil cument's effective date on the Department of State's records.	ling requirements, t	this date will ne	ot be list	ted a
record specifies a delayed effective date, but not an effective	time, at 12:01	La.m. on th	e earli	ier
The 90th day after the record is filed.				
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Filing Fee: \$25.00