# U2000068690

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#### **COVER LETTER**

TQ:

Registration Section
Division of Corporations

SUBJECT:

## Great Florida Local Properties, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# Carol Campbell

Name of Person

Railey, Harding & Allen, P.A.

Firm/Company

15 N. Eola Drive

Address

Orlando, Florida 32801

City/State and Zip Code

carol@raileyharding.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

### Carol Campbell

407 648-9119

Name of Person

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 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

<ul> <li>Great Florida Local Propertie</li> </ul>		
(Name of the Limited L (A F	iability Company as it now appears on our records lorida Limited Liability Company)	.)
The Articles of Organization for this Limited Liab Florida document number L12000068690		and assigned
This amendment is submitted to amend the follow		1 -6 Jul -6
A. If amending name, enter the new name of t	he limited liability company here:	明 星 阿
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation	on "LLO" or the abbreviation
Enter new principal offices address, if applicab	le:	· • • • • • • • • • • • • • • • • • • •
(Principal office address MUST BE A STREET	ADDRESS)	
		the factor to the factor of th
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>en</u> ce address here:	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
	, Florid	a 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 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title, <u>Name</u> <u>Address</u> **Type of Action** Sung Din Ma 15 N. Eola Drive **MGRM** Orlando, Florida 32801 Add Remove 1 Add 👃 Remove Remove

Signature of a member or authorized representative of a member
Robert L. Harding, Authorized Representative of Member

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Filing Fee: \$25.00

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