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SECRETARY OF STATE

J. BRYAN

DEC 17 2012

**EXAMINER** 

## **COVER LETTER**

TO:	istration Section sion of Corporations	
SUBJE	GA REALTY2, LLC	
	Name of Limited Liability Company	
The enc	Articles of Amendment and fee(s) are submitted for filing.	
Please re	all correspondence concerning this matter to the following:	FILE W 1:32
	Marius Ged	SER FOR
	Name of Person	TAS TO
	Ellis, Ged and Bodden, P.A	
	Firm/Company	P
	7171 North Federal Highway	
	Address	
	Boca Raton, FL. 33487	
	City/State and Zip Code	
	mged@ellisandged.com  E-mail address: (to be used for future annual report notification)	
For furth	formation concerning this matter, please call:	
	Kimone Hall at ( 561 ) 995-1966	
	Name of Person Area Code & Daytime Telephone Number	
Enclosed	check for the following amount:	

\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

**MAILING ADDRESS:** 

\$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	GA REALTY2	<u> </u>		
( <u>Name of the Limite</u> (	d Liability Company as A Florida Limited Liabil	it now appears lity Company)	on our records.)	
The Articles of Organization for this Limited I Florida document numberL1200008		e filed on	07/03/2012	and assigned
This amendment is submitted to amend the fol	•		TALL	CECALLY STATE OF the abbrevious
A. If amending name, enter the new name		company here		
	N/A		•	55.72
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited I	Liability Compar	ny," the designation "L	Lever the brevious
Enter new principal offices address, if appli	icable: N	/A		影が
(Principal office address MUST BE A STRE	ET ADDRESS)			7
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE				
B. If amending the registered agent and registered agent and/or the new registered of		address on o	ur records, <u>enter tl</u>	he name of the ne
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		Ent	er Florida street addi	ress
			, Florida	
	Ci	ity		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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title <u>Name</u> **Address** Type of Action **MGRM** GED, CHARLES G 7171 NORTH FEDERAL HIGHWAY BOCA RATON, FL. 33487 Remove ELLIS, RONDA MGRM 7171 NORTH FEDERAL HIGHWAY BOCA RATON, FL. 33487 ✓ Remove MGR GED, CHARLES G 7171 NORTH FEDERAL HIGHWAY BOCA RATON FL 33487 ☐ Remove Remove  $\prod \Lambda dd$ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar N/A October 30 Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Konda Ellis Typed or printed name of signee