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(Business Entity Name)

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17 APR 17 AM 7:03
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GARDEN DISTRICT II, 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:

MICHAEL E. ARTH
Name of Person

GARDEN DISTRICT II, LLC
Firm/Company

302 S. HAYDEN AVE.
Address

DELAND, FL 32724
City/State and Zip Code

MICHAEL E ARTH @ EARTHLINK.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL E. ARTH at (386) 956-1554
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

GARDEN DISTRICT II, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/06/2012 and assigned
Florida document number L 12000153293

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

302 S. HAYDEN AVE.
DELAND, FLORIDA
32724

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

302 S. HAYDEN AVE.
DELAND, FLORIDA
32724

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ASTRID DE PARRY, PA

New Registered Office Address:

107 E. CHURCH ST

Enter Florida street address

DELAND

City

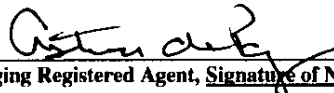
Florida

32724

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GEORGE SMITH	133 EAST INDIANA AV	<input type="checkbox"/> Add
		DELAND, FL 32724	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JEFFRY TIMKO	133 EAST INDIANA AV	<input type="checkbox"/> Add
		DELAND, FL 32724	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL E. ARTH	302 S. HAYDEN AVE.	<input checked="" type="checkbox"/> Add
		DELAND, FL 32724	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

11 APR 17 AM 7:03
SECRETARY OF STATE
DEPARTMENT OF STATE
WASHINGTON, D.C. 20520-1224

17 APR 17 AM 7:03
SECRETARY OF STATE
DEPARTMENT OF STATE
WASHINGTON, D.C. 20520

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated APRIL 7, 2017

Marth

Signature of a member or authorized representative of a member

MICHAEL E. ARTH

Typed or printed name of signee