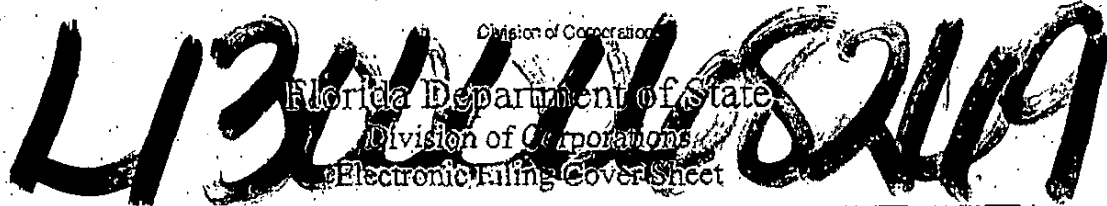


3/30/2015

Fax:

Mar 30 2015 04:43pm P001



Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000079239 3)))



H150000792393AEC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LISETTE PIE SALAZAR PA
Account Number : 120120000076
Phone : (305)361-6161
Fax Number : (305)361-6168

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LPSALAZARLAW@AOL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GA REAL ESTATE I LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

15 MAR 30 AM 10:00

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAR 30 AM 9:37

FILED

MAR 31 2015
J. BRUCE

Electronic Filing Menu

Corporate Filing Menu

Help

(((H15000079239 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GA REAL ESTATE I, 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 05/09/2013 and assigned
Florida document number L13000068269

This amendment is submitted to amend the following:

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

MARTO RANCH L.L.C.

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

New Registered Office Address:

Enter Florida street address

Florida

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

(((H15000079239 3)))

FILED

2015 MAR 30 AM 9:38

RECEIVED
MAR 30 2015
FLORIDA

Fax:

Mar 30 2015 04:43pm P003

((H15000079239 3))

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

((H15000079239 3))

2015 MAR 30 AM 9:38

FILED

SECRETARY OF STATE
TALLAHASSEE
FLORIDA

(((H15000079239 3)))

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)Dated 27th OF MARCH, 2015

Signature of a member or authorized representative of a member

ESTEBAN SADERE

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
2015 MAR 30 AM 9:38
CLERK OF STATE
TALLAHASSEE FLORIDA

(((H15000079239 3)))