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(R€	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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RECEIVED

PLOKIDA CAPITAL COURIER SERVICES, INC			
2330 CLARE DRIVE TALLAHASSEE, FL 32309			
(850) 524-5437			
(850) 524-6243			
PLEASE USE FUNDS FROM ACCT: 120210000	o160 AMOUNT: \$25.00		
Authorized Signature: James 2 4 M			
G & B Property Management, LLC	L13000110928		
Corporation Name	Document Number, (if known):		
Certified copy of original Articles of Incor	poration		
	Pick up time		
Certificate of Status	Will wait		
NEW FILINGS	<u>AMMENDMENTS</u>		
Profit	X Amendment		
Not for Profit	Resignation of R.A.		
	Officer/Director		
_Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Other	Merger		
CORP	Correction		
OTHER FILINGS	REGISTERATION/QUALIFICATIONS		
Annual Report	Foreign filing		
	Limited Partnership		
Fictitious Name	Reinstatement		
APOSTIL ()	Other		
Country			

EXAMINER'S INITIALS:_____

- FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 PLEASE USE FUNDS FROM ACCT: 1202100001

PLEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: \$25.00 Authorized Signature: G & B Property Management, LLC L13000110928 Document Number, (if known): **Corporation Name** Certified copy of original Articles of Incorporation Pick up time____ Certificate of Status Will wait <u>AMMENDMENTS</u> **NEW FILINGS** X Amendment Profit Resignation of R.A. Not for Profit Officer/Director ___Change of Registered Agent _Limited Liability Dissolution/Withdrawal Domestication Merger Other CORP Correction **REGISTERATION/QUALIFICATIONS OTHER FILINGS** ____ Foreign filing Annual Report ___Limited Partnership _____ Reinstatement Fictitious Name __ APOSTIL () ___ Other

EXAMINER'S INITIALS:_____

COVER LETTER

Registration Section Division of Corporations

TO:

G&B FA	MILY PROPERTY MANAGEM	IENT, LLC	
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	oondence concerning this matter	to the following:	
	Luca Di Nunzio		
		Name of Person	
	The Dorcey Law Firm		
		Firm/Company	
	10181 Six Mile Cypress P	ne of Limited Liability Company are submitted for filing. Is matter to the following: Name of Person	
		Address	
	Fon Myers, FL 33966		
		City/State and Zip Code	
	support(a,dlfregisteredagent		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	alt:	
Luca Di Nunzio		239 418-0169	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
P.O. Box 6	n Section Corporations	Registration So Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G&B FAMILY PROPERTY MANAGEMENT, LLC				
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our records.) apany)			
The Articles of Organization for this Limited Liability Company were filed	onand assigned			
Florida document number L13000110928				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability comp	any here:			
The new name must be distinguishable and contain the words "Limited Liability Company	y." the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	202			
Principal office address MUST BE A STREET ADDRESS)	A C 0 0 0 1			
Susse was mailing and decorate conditional to	7			
Enter new mailing address, if applicable:	: : : : : : : : : : : : : : : : : : :			
Mailing address MAY BE A POST OFFICE BOX)	0			
3. If amending the registered agent and/or registered office address on	our records, enter the name of the new regist			
gent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
Er	Enter Florida street address			
	, Florida			
City	Zip Cocle			

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>	Address	Type of Action
MGR	ANN D. BAKER	3655 Edgemore Drive, Thomson, GA 30824	🗏 Add
			□ Remove
			Change
MGR	GERALD L. BAKER, JR.	1045 Larkspur Rd., Lincolnton, GA 30817	□Add
			🗏 Remove
			□Change
MGR	GERALD L. BAKER, SR.	3655 Edgemore Drive, Thomson, GA 30824	□Add
		SEOR TAL	
			○ : i ○
			⊇ Add →
		; = ··:; (1)	☐ □Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			Change

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Affective date, if other than the date of file fan effective date is listed, the date must be specific a source. If the date inserted in this block does no document's effective date on the Department of	and cannot be prior at meet the applic	to date of filing or a ble statutory fili	dop more than 90 days afi ng requirements, t	er filing.) Purs	uant to 605.020 not be listed a
record specifies a delayed effective date, but r d is filed.	not an effective ti	me, at 12:01 a.m	on the earlier of:	(b) The 90t	h day after the
Dated Sept 13	202	<u>L</u> .			
. , , , , , , , , , , , , , , , , , , ,					
Signardre of	a member or auth-	orized representativ	e of a member		

Filing Fee: \$25.00