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2016 SEP 26 AN 10: 21

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Gill Realty Services, 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 R. Gill
Gill Realty Services, LLC Firm/Company
6317 Ridge Top Dr.
New Port Richey, FL 34655
New Port Richey, FL 34655 gillagain@ij.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael R. Gill at (727) 484-0038
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

2016 SEP 26 AM 10:21

The Articles of Organization for this Limited Liability Company were filed on $\frac{0-2}{-2}$ $\frac{3}{-2613}$ Florida document number L 13000 147483 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 "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:

New Registered Agent's Signature, if changing Registered Agent:

MGRM

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

Port Richey, Florida 34655
Zip Code

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 **Title Address Type of Action Name** Parolini, William Michael 6317 Ridge Top Dr. New Port Richey FL 34655 AMBR □ Change ☐ Add ☐ Remove ☐ Change □ Add 201 Remove T EP 2change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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Please Change address for MGRM Gill, Michael R.	_
From: 5228 State Read 54	_
New Port Richey FL 34652	- -
To: 6317 Ridge Top Dr.	_
To: 6317 Ridge Top Dr. New Port Richey, FL 34655	_
Page 18	_
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Effective date, if other than the date of filing:	05.0207 (sted as t
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl The 90th day after the record is filed.	ier of:
Dated September 20 2016	
September 20, 2016. Michael R. Signature of a member or authorized representative of a member	
M 16/60 Q G' M G R M	
111 Chae 1. 0/11, /10/1/1	

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

Page 3 of 3

Filing Fee: \$25.00