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. (Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

Div	ision of Corp	porations		
SHRIFCT:		ROPERTIES, LLC		
SUBJECT: Name of Limited Liability Company				
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspoi	idence concerning this matter	to the following:	
		Michael B. Bittner		
Name of Person				
		Marks Gray, P.A.		
Firm/Company				
		P.O. Box 447		
			Address	
		Jacksonville, FL 32201		
			City/State and Zip Code	
		mbittner@marksgray.com		
			to be used for future annual report notif	ication)
For further in	formation co	oncerning this matter, please ca	all:	
Michael B, F	Bittner		904 608-1289	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

TO:

Registration Section

STREET/COURIER ADDRESS: Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

GEOSAV PROPERTIES, LLC		
(Name of the Limited Liability Comp (A Florida Limited	n <mark>any as it now appears on our records</mark> I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 03/07/14	and assigned
florida document number L14000038691		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. <u> </u>	
Principal office address MUST BE A STREET ADDRESS)		
		SION SION
Enter new mailing address, if applicable:		7 COR
Mailing address MAY BE A POST OFFICE BOX)		Y YOR SI
		: 2 2
B. If amending the registered agent and/or registered of		enter the name of the ne
registered agent and/or the new registered office address_he	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rmer ramaa street adaress	
	, Flo	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent	•	гар Соас

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, <u>enter the title, name, and address of each person_being added or removed from our seconds</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	George Savakis	5031 Valle Collina Lane	
		Merritt Island, FL 32952	□ Remove
			☐ Change
			
			☐ Remove
			Change
			Add
			☐ Remove
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an e ote	tive date, if other than the date of filing:		
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	earli	er
ate	Auly 21, 2018.		
	Mario Sawaka Signature of a member or authorized representative of a member	<u> </u>	
	Cognition of a memory of authorized representative of a memory		
	Maria Savakis		

Page 3 of 3

Filing Fee: \$25.00