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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
· (C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

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08/07/18-01008--028 ₩125.00

DIVISION OF CORPORATION

N COOPER AUG 1 0 2018

COVER LETTER

Div				
SUBJECT:			ited Liability Company	 _
The enclosed	l Articles of	Amendment and feets) are sub-	mitted for filing	
			·	
		Michael B. Bittner		
			Name of Person	
	r further information conceichael Bittner Name of Per	Marks Gray, P.A.		
			Firm/Company	······································
Marks Gray, P.A. Firm/Company				
			Address	
		Jacksonville, FL 32207		
		mbittner@marksgray.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For further is	nformation e	oncerning this matter, please co	ail:	
Michael Bitt	tner			
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	n check for th	ne following amount:		
■ \$25.00 F	filing Fee		Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Big G Properties II, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{3/7/14}{1000039105}$.		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SECR VISION
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		rds, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ado	Iress
		Florida
	City	Zιρ 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	George Savakis	5031 Valle Collina Lane	Add
		Merritt Island, F1. 32952	Remove
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			Add
			Remove
			Change
			□ Remove
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ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	not be lis	ted a
ocun	ent's effective date on the Department of State's records.		
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t 90th day after the record is filed.	:he earli	ier c
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	1 1 CO () () () () () () () () () (
	Main Sandy Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00