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(Re	equestor's Name)	
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D. SCOTT MAR. 7 2017

COVER LETTER

Division of Co	orporations	v, We	N ₁	
	PROPERTIES, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
	Penny K. Every			
		Name of Person		
	Jeffrey C. Sweet, Esquire			
	-	Firm/Company		
	595 W. Granada Blvd., Su	ite A		
		Address		
	Ormond Beach, FL 32174			
		City/State and Zip Code	-	
	penny.every@jsweetlaw.co	m to be used for future annual report noti	Gastian)	
For further information	concerning this matter, please co	•	TSC	=======================================
Penny K. Every		386 677-3431 at ()	7 P. C.	第二
Name	of Person	Area Code Daytim	e Telephone Number	TILED
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee; Certificate of Stat Certified Copy (additional copy is en	tus &

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

GDM&S PROPERTIES, LLC	•	
(Name of the Limited I (A)	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on March 10, 2014	and assigned
Florida document number L14000040429	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter t</u>	he mame of the new
Name of New Registered Agent:		高品 一
		F 2 T
New Registered Office Address:	Enter Florida street address	
_	, Florida	<u> </u>
	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

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	MALCOLM D. GOTTLICH, M.D.	1075 Mason Avenue	Add
		Daytona Beach, FL 32117	■ Remove
			Change
<u> </u>			□ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			D Add
		<u> </u>	Remove
			Change
			S Add
		,	Remove Change 2: 05
			2: 05 Add 5
			□ Remove
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Filing Fee: \$25.00