L14000040429

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(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration of Division of	on Section f Corporations		ı •		
GDM	&S PROPERTIES, LLC	•			
SUBJECT:	Name of L	imited Liability Company	· · · · ·		
The enclosed Article	es of Amendment and fee(s) are s	ubmitted for filing.			
Please return all cor	respondence concerning this matt	er to the following:			
	PENNY K. EVERY				
	 	Name of Person			
	JEFFREY C. SWEET, E	ESQUIRE			
		Firm/Company			
	595 WEST GRANADA	BLVD., SUITE A			
		Address			
	ORMOND BEACH FL	32174			
		City/State and Zip Code			
	penny.every@jsweetlaw.				
For further informat	E-mail address tion concerning this matter, please	s: (to be used for future annual repo	rt notification)		
PENNY K. EVERY	2	386 676-56	69		
N:	ame of Person	at () Area Code D	Daytime Telephone Number		
Enclosed is a check	for the following amount:				
■ \$25.00 Filing F	Cee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing A</u> Registrat	ddress: ion Section	Street Addre Registratio			
Division of Corporations		Division of	Division of Corporations		
P.O. Box					
Division P.O. Box	of Corporations	Division of The Centre			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GDM&S PROPERTIES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 10, 2014 ___ and assigned Florida document number L14000040429 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: Enter Florida street address

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.

City

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>	<u>Address</u>	Type of Action
MGR	RICHARD K. GAINES, M.D.	1075 MASON AVE.	
		DAYTONA BEACH, FL 32117	□Remove
			□Change
MGR	BRITTNEY L. LAMBIE, M.D.	1075 MASON AVE.	≣Add
		DAYTONA BEACH, FL 32117	□Remove
			Change
			□Add
			□ Remove
			□ Change
			
			Remove
			Change
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			□ Change
			
			□ Remove
			Change

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ffective da	ate, if other than t	he date of fi	iling:			(optional)	
	date is listed, the date n date inserted in this						
	effective date on the						
record spec	ifies a delayed effec	tive date, but	not an effective	ve time, at 12:0	11 a.m. on the ea	rlier of: (b) The	90th day after the
l is filed.							
ated APRI	L 29		2020				
ated	77/	<u> </u>	_ ·	· ·			
	(Md	1)					
_		Signature o	of a member or a	uthorized repres	sentative of a men	iber	
	LBERT W. GILLE	CDV MD N					
Α			Annagar				