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COVER LETTER

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TO: Registration Se Division of Cor			·	
SUBJECT: G/	MID Prop	perties II LL		
	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	George	Name of Person		
		Properties II	1.60	
	4804 Car	onado PKuy Address	SECRET TALL	, «
		City/State and Zip Code C a gmailicen		
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For further information c	E-mail address: (concerning this matter, please co	to be used for future annual report notifies all:	ition) ' ¡┬; C	л
George /	Hack Jr. f Person	at (239) 980- Area Code Daytime T	2578 elephone Number	
Enclosed is a check for the	he 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 Status & Certified Copy (additional copy is enclosed)	
Mailing Address	Section	Street Address: Registration Secti Division of Corpo		
Division of C P.O. Box 632	27	The Centre of Tal 2415 N. Monroe S	lahassee	
Tallahassee,	ru 32314	2413 N. MONIOE S	oneer, ource ore	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GMIDD Propert	les [] [[
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Horida document number $2/4/000058576$.	y were filed on	20/4 and assigned
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	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2012 SEC
Principal office address MUST BE A STREET ADDRESS		
	<u> </u>	>
Enter new mailing address, if applicable:		SSE P III
(Mailing address MAY BE A POST OFFICE BOX)		3: F12
	,)	· 👸 🗴
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floo	rida 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 Type of Action **Title** Name Address AM6R MARY J. HAEL Cape Corol, FL 33904
LISOH Coronado FILWY DRemove _ 🗆 Change 4864 Coronado Picwy MARY J. HACK _ □Remove Change □Remove ____ □Change _____ □Add _ □Remove _____ □Change □Add Remove ☐ Change

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Filing Fee: \$25.00