Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for fugure annual report mailings. Enter only one email address please. **

Email Address:

50

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GD PHASE I, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
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| Page Count | 05 |
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K. SALY EXMAINER

JUL 21

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

| | Registration S Division of Co | | · | |
|-------------|----------------------------------|--|---|---|
| | | | N. | |
| SUBJEC | GD Phase | I, LLC | | |
| 2022 | | Name of Lin | nited Liability Company | |
| | • | • | | |
| The encl | osed Articles o | f Amendment and fee(s) are sub | omitted for filing. | |
| | | ondence concerning this matter | | |
| | | | · | |
| | • | • | • | |
| | | | Name of Person | |
| | | | Finn/Company | |
| | | | Address | |
| | | | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For further | er information | concerning this matter, please c | at): | |
| | | | at () | Telephone Number |
| | Name | of Person | at () | Telephone Number |
| Enclosed | is a check for | the following amount: | · | |
| □ \$25.0 | 0 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 of Certified Copy (additional copy is enclose |

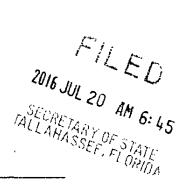
MAILING ADDRESS:

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

7/20/2016 10:45:47 AM From: To: 8506176383(3/5)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GD PHASE 1, LLC

(Name of the Limited Liability Company has it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Co | ompany were filed on Oc | tober 23, 2014 | _ and assigned |
|---|---|--|-------------------------------------|
| Florida document number L14000165950 | _• | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limi | ted liability company he | <u>re</u> : | |
| The new name must be distinguishable and contain the words "Limi | ted Liability Company "the de | ocionation #11 0" or the ships | wielien 41.1 C" |
| • | teo classific company, the di | Signation Elect of the agric | , viation E.L.C. |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDR | <u>ESS)</u> | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | <u></u> | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| · | 14 | | |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office addr | | our records, enter th | e name of the new |
| registered agent and/or the new registered office addr | ess nere: | | |
| Numer of Nic. Beating of Assess | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | C El | da street address | |
| | | | |
| | City | , Florida | Zin Coyla |
| New Registered Agent's Signature; if changing Registered | | | Zip Cone |
| | | | |
| I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change. | mplete performance of t ent as provided for in C | my duties, and I am fan hapter 605, F.S. Or, if | niliar with and this document is |
| | | | |
| | 74.Ch - 12 12 12 12 12 12 12 12 | Since (Name 1) | to and the same |
| | If Changing Registered Age | ing <u>Signature of New Regist</u> | erea Agent |

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| | Authorized Member | | |
|-------|-------------------|-------------------------|---|
| Title | <u>Name</u> | Address | Type of Action |
| AMBR | Dustin Schatz | 401 East State Road 436 | ⊡ Add |
| | | Casselberry, FL 32707 | ☐ Remove |
| | | · , | ☐ Change |
| | | | D Respose |
| | · · · | | G-Change C. F. S. |
| | | | Remove |
| | | | Change |
| | | | D Add |
| | | <u> </u> | ☐ Remove |
| | | | ☐ Change |
| | | | □ Add |
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| | | | □ Add |
| | | | Remove |

_□ Change

7/20/2016 10:45:47 AM From: To: 8506176383(5/5)

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| ective date, if other than officially date is listed, the date: If the date inserted in the date in the date on the date of t | n the date of filing: te must be specific and can his block does not meet | not be prior to date of the applicable stat | Ffiling or more than 90 utory filing requirem | (optional) days after filing.) Pursuant ents, this date will not b | to 605,0207 (3)(b) c listed as the |
| record specifies a del he 90th day after the | ayed effective date record is filed. | e, but not an ef | fective time, at 1 | .2;01 a.m. on the e | earlier of: |
| ed July 19 | 2 | 016 | | | |
| | | <u> </u> | | | |
| | | | | | |
| | Signature of a memi | per or authorized man | resemative of a member | | |

Page 3 of 3

Filing Fee: \$25.00