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SECRETARY OF STATE

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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GS 56 NE 9 ct LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elizabeth Blanco Name of Person
Firm/Company
13318 SW 128 St Address
City/State and Zip Code  City/State and Zip Code  Clicabeth blanco & bell South. Let  E-mail address: (to be used for future armual report notification)
For further information concerning this matter, please call:    Total
Enclosed is a check for the following amount:
\$25.00 Filing Fee \( \text{Certificate of Status} \)  Certificate of Status \( \text{Certified Copy} \)  (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lize (A Fig.	ability Company as it now appears on our records.)  orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L</u> 5 0000 f	
This amendment is submitted to amend the following	). J.
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words "  Enter new principal offices address, if applicable:	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET AD	- co
Enter new mailing address, if applicable:	FILEI RE ASV O
(Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 = Mar AMBR = Aut	nager horized Member						
<u>Title</u>	<u>Name</u>		Address				Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	<del></del>
E. Effective date, if other than the date of filing: (optional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	o 605.0207 (3)(b) listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e (b) The 90th day after the record is filed.	arlier of:
Dated 51, 2015  CLER COSSIgnature of a member or authorized representative of a member	<del>•</del> <u> </u>
Eurabath Blanco Typed or printed name of signee	
Page 3 of 3	

Filing Fee: \$25.00