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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Genini Properties Management, 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:
Douglas Collins Name of Person
Gemini Properties Management, LCC
1612 20th ave w.
Palmetto FL 3422/ City/State and Zip Code
DJCPT MCOLLING O VERIZON.NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jour Las Collins at (352) 406-8496 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Comini Propertie	28 Management, LCC y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number	vere filed on April 13, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil Central Properties Man The new name must be distinguishable and contain the words "Limited Liability 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)	NA
B. If amending the registered agent and/or registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pre	erformance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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 <u>Name</u> Address __ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove _ Change _□ Add Remove _□ Change Remove _□ Change

·····	
	
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days	optional)
e: If the date inserted in this block does not meet the applicable statutory filing requirements	after filing.) Pursuant to 605., this date will not be liste
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:0	01 a.m. on the carlie
he 90th day after the record is filed.	or a.m. on the earne
m · ~Th	
ed //ay 5 , 2015.	당세 _
Signature of a member or authorized representative of a member	
Davids (11 is	
Douglas Collins	0771
(Typed or printed name of signee	ريو ماسي وري
Typed or printed name of signee	19 T

Filing Fee: \$25.00