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(Re	questor's Name)	
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PICK-UP		MAIL
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DIVISION OF CORPORATIONS 18 MAY 21 PM 1: 34 **.**..

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

Gina Adam Realty Holdings, LLC

SUBJECT:

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:

Robert Vollmer

Name of Person

Gina Adam Realty Holdings, LLC

Firm/Company

7001 Gibsonton Drive

Address

Gibsonton FL 33534

City/State and Zip Code

robv@prowaygroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Vollmer	813 626-4444	
	at ()	_
Name of Person	Area Code Daytime Telephone Number	

Enclosed is a check for the following amount:

□ \$25,00 Filing Fee

□ \$30.00 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)

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

Gina Adam Realty Holdings, 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 5/16/2018	and assigned
. 115000082546	

Florida document number L15000082546

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 Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	•
Enter new principal offices address, if applicable:	7001 Gibsonton Drive	18 I	<u>S</u>
(Principal office address MUST BE A STREET ADDRESS)	Gibsonton FL 33534	IOH AY	CRE
		2 CF C	
		PH PH	
Enter new mailing address, if applicable:		7	<u> </u>
(Mailing address MAY <u>BE A POST OFFICE BOX)</u>		34	Ē

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	Robert Vollmer		
New Registered Office Address:	7001 Gibsonton Drive		
<u> </u>	Enter h	Torida street address	
	Gibsonton	Florida ^{3353/4}	
	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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

,

<u>Title</u>	Name	Address	Type of Action
MGR	Eljaiek, Santiago III	2601 S Bayshore Dr STE 850	Add
		Coconut Grove, FL 33133	Remove
			🛄 Change
AMBR	Gina Vollmer	7001 Gibsonton Drive	🗖 Add
		Gibsonton FL 33534	Remove
			Change
MGR	Robert Vollmer	7001 Gibsonton Dr	🗖 Add
		Gibsonton FL 33534	🗆 Remove
			E Change
			O Add
			C Remove
		ne	Change
			Add
			🖸 Remove
			Change
			Add
			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

May 16th Dated	2018	
Dated	·································	
	Signature of a member or authorized representative of a me	mber

Robert Vollmer

Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00