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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

Divis	ion of Corpo	rations			
SUBJECT: _	Gondolier Ho	ldings, LLC			
		Name of Limit	ted Liability Company		
The enclosed A	Articles of An	nendment and fee(s) are subn	nitted for filing.		
Please return a	ill correspond	ence concerning this matter t	o the following:		
		Thomas J. Cassidy			
Name of Person					
Gondolier Properties, LLC					
Firm/Company					
		2065 Tamiami Trail South			
			Address		
		Venice, Florida 34293		7 28 <u></u>	
		gondolierllc@aol.com	City/State and Zip Code	AHASSEE 6	
	•	E-mail address: (to	o be used for future annual report notification)	me of M	
For further inf	ormation con	cerning this matter, please cal	11:	P D	
Thomas J. Ca	ssidy		941 497-6622 at ()	12 1810	
	Name of Po	erson	Area Code Daytime Teleph	one Number	
Enclosed is a	check for the	following amount:			
□ \$25.00 Fil	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	2 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

Gondoller Holdings, LLC				
(Name of the Lim	ited Liability Compan (A Florida Limited Lia	y as it now appears o ability Company)	n our records.)	
ne Articles of Organization for this Limited I orida document number		lune 4	4, 2015	and assigned
is amendment is submitted to amend the fol	lowing:			
. If amending name, <u>enter the new name c</u>	of the limited liabil	ity company here	;	
//A				
e new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the design	gnation "LLC" or the abbre	viation "L.L.C."
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		2065 Tamiami Trai Venice, Florida 34		
. If amending the registered agent and egistered agent and/or the new registered o			ur records enter the	e name of the
Name of New Registered Agent:	Thomas J. Cassio	dy	SEC. TO	
New Registered Office Address:	2065 Tamiami Tı		street address:	
	Venice	Emer i tortud	Florida 3429	3
		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

or removed from our records.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	John R. Cassidy	748 N. Casey Key Rd.	≅ Add
<u> </u>		Osprey, Florida 34229	
			☐ Remove
			☐ Change
MGR	Joellen C. Tilseth	21301 S. Tamiami Trail	
		Suite. 320, Box 332	□ D
		Estero, FL 33928	■ Remove
			☐ Change
			Add
			Remove
			Change
			Remove
			Change
			Add Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

"The company shall be a member n	nanaged company ar	nd the name and	l address of the a	uthorized m	ember	
("AMBR") of the limited liability of	company is John R. C	Cassidy, 748 N.	Casey Key Rd.,	Osprey FL 3	4229.	
		14, 11 - 12, 11, 11, 11, 11, 11, 11, 11, 11, 11,				
						
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				80 A	2	- [i] -
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					: 12	
tive date, if other than the date fective date is listed, the date must be sp	of filing:ecific and cannot be pri	or to date of filing	g or more than 90 d	_ (optional		int to 605.
If the date inserted in this block do nent's effective date on the Departm			filing requireme	ents, this dat	e will no	t be liste
cord specifies a delayed effe e 90th day after the record is		not an effect	ive time, at 1	2:01 a.m	on the	e earlie
January 6	2016		Λ			
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Filing Fee: \$25.00