L15000/19481

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SECRETARY OF STATE
ATTACASSES FLORIDA

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Name of Limited Liability Company			
	ALBERT G. REX		
		Name of Person	
	GI 524 LLC		
•		Firm/Company	
-	2805 HACKNEY ROAD		
		Address	
	WESTON, FL 33331		
		City/State and Zip Code	
		to be used for future annual report notifi	ication)
For further information co			,
ALBERT G. REX		954 610-7822	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 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 & 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

GI 524 LLC		
(Name of the Limited Liability Comps (A Florida Limited	any <mark>as it now appears on our records</mark> Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number L15000119481	were filed on JULY 10, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility 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:		—— =
(Principal office address MUST BE A STREET ADDRESS)		ARE DE SALE
Enter new mailing address, if applicable:		2 PP
(Mailing address MAY BE A POST OFFICE BOX)		2: 29 STATE FLORID
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
	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 = Manager AMBR = Authorized Member

<u>Title</u> <u>Name</u>		<u>Address</u>	Type of Action	
MGR	ALBERT G REX	2805 HACKNEY ROAD		
		WESTON, FL 33331	☐ Remove	
			■ Change	
MGR	ROGER E REX	3900 NW 126TH AVENUE	□ Add	
		CORAL SPRINGS, FL 33065	□ Remove	
•				
			Add	
			☐ Remove	
			☐ Change	
			□ Add	
			□ Remove	
			TALLAH.	
			AdP TO AdP TO	
			FLORIDA FLORIDA	
			□ Add	
			Remove	
			☐ Change	

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Effective date, if other than the offective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the least offective date.	block does not meet the a	upplicable statutory	or more than 90 days after filing requirements, th	ional) ir filing.) Pursuant to 6 is date will not be li	605.0207 isted as t
ne record specifies a delaye The 90th day after the re	ed effective date, bu	ıt not an effecti	ve time, at 12 :01	a.m. pn the ear	lier of
Dated JULY 20	2015			AHA AHA UL 2	1 E
al	West LIR	· ·		22 PM 2: NASSEE FLO	
	· \ \ /		ative of a member	11	22

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Typed or printed name of signee

Filing Fee: \$25.00