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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE

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Registration Section

TO:

| Division of Corpo | rations | | | |
|------------------------------------|--|--|--|-----|
| subject: <u>GC</u> | L 16 441, LL Name of Limi | ted Liability Company | <u> </u> | |
| The enclosed Articles of An | nendment and fee(s) are subr | nitted for filing. | | |
| Please return all correspond | ence concerning this matter t | to the following: | | |
| | | Properties Firm/Company | | |
| | | Firm/Company | | |
| | 1201 E Hil | Isboro Blud | LAHAS I | FII |
| | Deerfield E | Seach Fl. 3344/ City/State and Zip Code | SEP 17 PH 2: 40 AHASSEE, FLORIDA Ties. com | |
| | | erosemurgy propto be used for future annual report notifical | rties.com = = | |
| For further information con | cerning this matter, please ca | all: | | |
| Kimberly + Name of P | Sosemurgy erson | at (<u>984</u>) <u>571 – 34</u> Area Code Daytime To | Poz elephone 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) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Registrati Division P.O. Box | G ADDRESS: fon Section of Corporations 6327 ee, FL 32314 | STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230 | ons er Circle | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GCL 1644 | 1, LLC | _ |
|--|--|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our re Liability Company) | ecords.) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L15000128650</u> . | were filed on July 2 | &, 2015 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility 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) | | - |
| Enter new mailing address, if applicable: | | FIL SEP 17 MIASSE |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | 7 THE 2 TH |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her | | cords, enter the name of the nev |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street a | 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

| MGR = M AMBR = A | lanager uthorized Member | | |
|---------------------|-----------------------------|-------------------------|----------------|
| <u> Fitle</u> | <u>Name</u> | Address | Type of Action |
| MGR | Richard M. Stephano | 1201 E Hillsboro Blvd | Add |
| | · | Deerfield Beach, Fl 334 | <u> </u> |
| | | | Change |
| | | | Add |
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| ffective da | te, if other than | the date of filing | r <u>*</u> | | (| ontional) |
| an effective o | late is listed, the date | must be specific and | cannot be prior to | date of filing or t | nore than 90 days | optional) after filing.) Pursuant to 605.020 |
| | | is block does not m le Department of S | | le statutory fili | ng requirements | s, this date will not be listed as |
| | | o Dopartinone or a | | | | |
| a record s | enecifies a dela | ved effective d | ate but not : | an effective | time at 12: | 01 a.m. on the earlier o |
| | day after the | | ate, but not | ari ericcuve | cirre, at 12. | grade. |
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| | | Signardry of a r | Yours | - 4 | | Mo 7 m |
| | _ | Signature of a r | ember or authori | ed representativ | e of a member | D SE OUT |
| <u>.</u> | Alexander S | S. Rosemurg | rv II | | | 題子っ |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00