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OCT 2 9 2015 S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

CONTRUC SUBJECT:	CTORA G&G 1310 LLC				
SUBJECT:	Name of Limit	ed Liability Company			
	Amendment and fee(s) are subm	-			
Please return all correspo	ondence concerning this matter to	o the following:			
	TERRY FALLIS, EA				
		Name of Person			,
	TAX CARE ORLANDO			等分 二	•
		Firm/Company		RET.	7
	12701 S. JOHN YOUNG P	KWY. STE. 215		28. 28.	TILLU
		Address		では、	(_
	ORLANDO, FL 32837				
		City/State and Zip Code		, 01	
	TERRY@TAXCAREINC.C				
	E-mail address: (to	be used for future annual report notif	ication)		
For further information of	concerning this matter, please cal	II:			
TERRY FALLIS, EA		407 250-4879 at ()			
Name (of Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for t	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 Certificate o Certified Co (additional cop	of Status & opy	

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

DocuSigh Envelope ID: 516BA9E7-1AE2-42F8-9FE4-A3910FD9DF9A ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ppears on our records.) any)
n SEPTEMBER 8TH, 2015 and assigned
ıy here:
the designation "LLC" or the abbreviation "L.L.C."
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EG T
28 -
5. B
s on our records, enter the name of the n
Florida street address
, Florida
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

DocuSigh Envelope ID: 516BA9E7-1AE2-42F8-9FE4-A3910FD9DF9A it amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			□ Add
			□ Remove
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			☐ Remove
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cuSign Envelope ID: 516BA9E7-1AE2-42F8-9FE4-A3910FD9DF9A	ere: (Attach additional sheets, if necessary.)
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	and , , and
	200 N F
· ————	0.00 4
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be pri Note: If the date inserted in this block does not meet the appi document's effective date on the Department of State's record	ior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) licable statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective date, but r) The 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier of:
10/22/2015 Dated	
tenny te. Sarnalejo	
DESCRIPTION ESTEROIGNATURE OF a member or au	unorized representative of a member
KENNY K. SARZALEJO Typed or pri	inted name of signee

Page 3 of 3

Filing Fee: \$25.00