(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·	
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	<del>;</del> #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



900298381009

04/27/17--01003--001 \*\*25.00

APR 2 7 2017 Y SULKER

# CORPORATE ACCESS, \_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

# **WALK IN**

PICK UP: 4/24/17

		CERTIFIED COPY	
	Ø	РНОТОСОРУ	
		CUS	
	X	FILING	Amendment
1.		FILING  GTLA Propertion  (CORPORATE NAME AND DOCUMENT)	es, LLC
		(CORPORATE NAME AND DOCUMEN'	Γ#)
2.		(CORPORATE NAME AND DOCUMENT	Γ#)
3.			
		(CORPORATE NAME AND DOCUMEN	Γ#)
4.		(CORPORATE NAME AND DOCUMENT	Γ#)
5.			
		(CORPORATE NAME AND DOCUMENT	Γ#)
6.		(CORPORATE NAME AND DOCUMENT	· #\
			. ")
	CIA!	L CTIONS:	
		<del></del>	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GTLA Properties, 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  $\frac{11/09/2015}{1}$ Florida document number L15000188577 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 Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

### 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>	Address	Type of Action
VP	Robert W Clarkson	12883 Winged Elm Drive North	
		Jacksonville, FL 32246	☐ Remove
			☐ Change
	<del></del>		□ Add
			□ Remove
			☐ Change
			Remove
			Change
			Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			Change
			□ Add
			Remove
			□ Change

. If amending any other information, enter change(s)	s) here: <i>(</i>	Attach addi	itional sheets,	if necessary	)		
		············					
					<del></del>		
		<del></del>			<del></del>		
				<del></del>		<del></del> .	
	···					- <u>-</u> .	
					#* <u>**</u>	7 %	
					25 to 25 to	(4	
					200	(F)	
					71,	- E	يا أن نية را
				<del> </del>		<del></del>	•
				······································	<del></del>	<u>(23)</u>	
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's recommendation.	applicable	te of filing or statutory fili	more than 90 daing requiremen	(optional) ys after filing.) its, this date v	Pursuant to vill not be	o 605 02 e list <b>ed</b>	207 (3 as th
the record specifies a delayed effective date, bu The 90th day after the record is filed.	ut not an	effective	time, at 12	2:01 a.m. o	n the e	arlier	of:
Dated,							
Wil.	·						
Signature of a member or	r authorized	representativ	ve of a member				
John H Hanan	14、	HANR					
	printed na	1 31 7 3				-	

Page 3 of 3

Filing Fee: \$25.00