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JUN 0 2 2016 WARREN S MASON

COVER LETTER

	Registration Sec Division of Corp			
SUBJEC		nstruction & Development, LL	С	
SUBJEC	l:	Name of Limi	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	um all correspoi	ndence concerning this matter	to the following:	
		Adam Heinrich		
			Name of Person	
		GINCO Construction & De	evelopment, LLC	
			Firm/Company	······
		1075 Caxambas Drive		
			Address	
		Marco Island, Florida 3414	45	
			City/State and Zip Code	
		adam.heinrich@gincoconstr		
For furthe	r information ec	e-mail address: ()	to be used for future annual report notificall:	cation)
Adam He		monang manan, product of	239 682-3800	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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

Registration Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

STREET/COURIER ADDRESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	SIMCION TO ompany as it now appears on ited Liability Company)	o Development, LLC
The Articles of Organization for this Limited Liability Comp. Florida document number	oany were filed on	219116 and assigned
A. If amending name, enter the new name of the limited	hability company here	;
The new name must be distinguishable and contain the words "Limited I	Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES:	<u>S)</u>	
Enter new mailing address, if applicable:	:	
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:		ur records, enter the name of the new
	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida	a street address
* <u>* * * * * * * * * * * * * * * * * * </u>		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of m t as provided for in Ch ffice address, I hereby	y duties, and I am familiar with and apter 605, F.S. Or, if this document is
II	Changing Registered Agen	A, Signature of them Registered Avenu

Page 1 of 3

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
AMBR	Nowell Conte	18541 Royal Hammock Blvd.	■ Add
		Naples, Florida 34114	□ Remove
*****			Add
			Remove
			□ Change
			Add
			Remove
			Change
			Add
			☐ Remove
			Change
			Add
			CRETARY OF STATE OR Remove
			Change

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