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COVER LETTER

TO:

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TO:	Registration Se Division of Cor			
SUBJE		D GOLKAR PROPERTY MA	ANAGEMENT, LLC	
SUDJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		ADRIAN J. FINOL		
		FINOL AND GOLKAR PRO	Name of Person PERTY MANAGEMENT	
		920 ROLLING ACRES ROA	Firm/Company AD UNIT 201	
		LADY LAKE, FL 32159	Address	
		FINOLMD@GMAIL.COM	City/State and Zip Code	
For furt	her information c	E-mail address: (to oncerning this matter, please or	o be used for future annual reportal:	rt notification)
ANGIE	RAMOS		352 77548:	33
	Name o	f Person		aytime Telephone Number
Enclose	d 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	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/CO Registration S Division of C Clifton Build	orporations

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FINOL AND GOLKAR PROPERTY MANAGEMENT, 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 Li	ability Company	were filed on MARCH 2	9, 2016	_ and assigned
Florida document number L16000062747				
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	oility company here:		
FINOL AND DE JONGH PROPERTY MANAG	EMENT, LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	n "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		920 ROLLING ACRES	ROAD UNIT 201	I
(Principal office address MUST BE A STREE		LADY LAKE, FL 3215	9	
				201 SE
				2019 AUG SECOLLAI
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				ين. س
				0: 5
B. If amending the registered agent and/or the new registered of			ecords, <u>enter the</u>	e name of the nev
Name of New Registered Agent: MARIANA DE		JONGH		
New Registered Office Address:	920 ROLLING	ACRES ROAD UNIT 20)1	
New Registered Office Address.	Enter Florida street address			
	LADY LAKE		Florida	9
		City		Zip Code
New Registered Agent's Signature, if changing R	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.

Marknal Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	FARHAAD GOLKAR		5
		920 ROLLING ACRES ROAD UNIT	
		201 LADY LAKE, FL 32159	≘ Remove
			Change
MGR	MARIANA DE JONGH	920 ROLLING ACRES ROAD UNIT 201 LADY LAKE FL 32159	
			■ Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
		<u> </u>	
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ffective date, if other than the dan effective date is listed, the date must bote: If the date inserted in this blococument's effective date on the Dep	k does not meet the applicat	o date of filing or more the ole statutory filing requ	(optional) in 90 days after filing.) Purs irrements, this date will	suant to 605.020 not be listed as
e record specifies a delayed of The 90th day after the recor		an effective time,	at 12:01 a.m. on t	he earlier o
ated AUGUST 16	2019	_ •		
aicti				
	ignature of a member or author	ized representative of a n	iember	

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Filing Fee: \$25.00