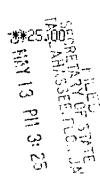
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## COVER LETTER:

TO:	Registration Se Division of Cor				
SUBJEC	Gulf Coast	Executive Referral Realty LL	c		
SOBOLA		Name of Lin	nited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
		ondence concerning this matter	· ·		
		Steven K. Jonas, ESQ		6° F	
			Name of Person		
		Steven K. Jonas, P.A.		ū	ŀ
			Firm/Company		2
		4914 State Road 54		C	ي ري
		<del></del>	Address		U
		New Port Richey, FL 346	52		
			City/State and Zip Code	<del></del>	TALLES 13 PM 3: 25
		sjonas@gulfcoastlegalcente		a	
For furth	er information o	e-mail address: (	to be used for future annual report noti:	ncauon)	
	K. Jonas, ESQ		727 846-6945 at ()		
	Name o	f Person		e Telephone Number	
Enclosed	l is a check for th	ne following amount:			
\$25.0	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)	
	Registr	ING ADDRESS: ation Section	STREET/COURI Registration Section Division of Corpor	h	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gulf Coast Executive Referral Realty LLG	C	
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records. rida Limited Liability Company)	)
The Articles of Organization for this Limited Liability	y Company were filed on 04/08/2016	and assigned
Florida document number L16000069377	·	
This amendment is submitted to amend the following	;;	
A. If amending name, enter the new name of the l	limited liability company here:	SEC 16
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC"	or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	TO THE TOTAL THE
		25 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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

· 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
MGR	Adam R Jonas	4914 State Road 54	Add
	<u> </u>	New Port Richey, FL 34652	□ Remove
			Change
		<del>-</del>	□ Remove
			Charige Add P Remove
			Adda G
			☐ Removê
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(If an effective da Note: If the d	e, if other than t te is listed, the date t ate inserted in this fective date on the	must be specific a s block does no	and cannot be t meet the ap	oplicable stat		than 90 days afte			
document s er	rective date on the	: Department o	i State & Ico	orus.					
the record sp ) The 90th	pecifies a delay day after the r	ecord is file	e date, bui d.	t not an ef	fective tim	e, at 12:01	a.m. on the	earlier o	of:
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5/11/20	116								
Dated	0.6	<b>/</b>	_,	· · ·					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00