## L16000 121057

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	IAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	
	į

Office Use Only



100314888921

06/25/18--01033--015 \*\*25.00

18 JUN 25 AM 9: 43

N COOPER JUN 27 2018

## **COVER LETTER**

TO: Registration Se Division of Con			
GDY PRO SUBJECT:	PERTIES LLC		
3003ECT,	Name of Lim	ited Liability Company	
		·	
Please return all correspo	ondence concerning this matter	to the following:	
	MARIA RIVERO		
	PERTIES LLC  Name of Limited Liability Company  of Amendment and feets) are submitted for filing, sondence concerning this matter to the following:  MARIA RIVERO  Name of Person  GDY PROPERTIES LLC  Firm/Company  4316 W MARTIN LUTHER KING JR BLVD  Address  TAMPA, FLORIDA 33614  City/State and Zip Code  GDYPROPERTIESLLC@GMAIL.COM  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:  at 1  Area Code  Daxtime Telephone Number		
	GDY PROPERTIES LLC		
		Firm/Company	
	4316 W MARTIN LUTHE	ER KING JR BLVD	
	<del></del>	Address	<u> </u>
	TAMPA, FLORIDA 3361	4	
	GDYPROPERTIES! LCa.G		<del></del>
			(ication)
For further information of	concerning this matter, please ea	aH:	
MARIA RIVERO		at (	
Name o	of Person	Area Code Daytimo	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GDY PROPERTIES LLC		
( <u>Name of the Limited Liability Comp.</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
	were filed on	and assigned
Florida document number L16000121057		
This amendment is submitted to amend the following:		
his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  In the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  P.O. BON 15450  TAMPA, FL 33684  P.O. BON 154		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4406 N CORTEZ AVE	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33614	718 I.O.
Enter new mailing address, if applicable:	P.O. BOX 15450	
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33684	· - · ·
		ည် 🖫
registered agent and/or the new registered office address her		enter the name of the nev
New Registered Office Address:		
	Enter Florida street address	
	, Florio	
	Chy	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	MARIA RIVERO	P.O. BOX 15450	Add
		TAMPA, FL 33684	Remove
			☐ Change
			Remove
			☐ Change
		<u> </u>	Add
			Remove
			☐ Change
<del></del>			
			☐ Remove
			Change
-			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change

	·					•
						-
		-				-
						-
						_
						_
						-
						-
			·			- <u>ت</u>
				<u>.</u>	<b>5</b> _	OIVIŠi
				<u></u>	JUX 2	- 2: - 3:
	-				25	_ 🖒 "
					ਜ਼ 	
					~	
						-
		<u> </u>				-
Effective date, if other than (If an effective date is listed, the date	the date of filing:			(optic	onal)	
(If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	s block does not meet t	he applicable	de of filing or mo statutory filing	re than 90 days after requirements, this	filing ) Pursuant to 605 date will not be list	5.0207 ( ted as t
the record specifies a dela The 90th day after the		but not a	n effective tii	me, at 12:01 a	.m. on the earli	er of
Dated	20	18				
Lateu	<del></del>	·				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00