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(((H16000222576 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number: I20000000205

: (305)416-6800

Fax Number

: (305)416-6811

Enter the emall address for this business entity to be used for future \leq annual report mailings. Enter only one email address please.

Email	Address:	 	 ·····	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GGB TORGROVE, LLC

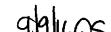
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ADAMS GALLINAR PA

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COVER LETTER

Division of Co					
GGB TOF	GROVE, LLC				
3000 CT.	Name of Lin	nited Liability Company			
The enclosed Articles o	Amendment and fec(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Diane M. Hernandez				
	1117	Name of Person			
	Adams Gallinar, P.A.				
		Firm/Company			
	. 1000 Brickell Avenue, Sui	ite 300		SECR ALL	
		Address		ALK ALK ALK ALK ALK ALK ALK ALK ALK ALK	FII
	Miami, Florida 33131			SSI SSI	1
	dhemandez@agilaw.com	City/State and Zip Code		FINAL CONTRACTOR	
		to be used for future annual report notifi	cation)	OKATE OKATE	
For further information	concerning this matter, please c	all:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Diane M. Hernandez		305 416-6800			
Name	of Person		Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

09/07/2016 17:10

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	GGB TORGROVE, LLC	
(Name of the Limited (A	Liability Company as it now appears on our records. Florids Limited Liability Company)	<u>i.</u>)
The Articles of Organization for this Limited Liab Florida document number L16000142386	oility Company were filed on 8/2/2016	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	SECRETAL SECRETARIAN SECRETARI
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		<u>21 k</u>
New Registered Office Address:	Enter Florida street address	> · •
	City, Flo	rida 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

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ADAMS GALLINAR PA

09/07/2016 17:10 3054166811 ADAMS GALLINAR PA PAGE 04/05
11 amending Authorized Person(s) authorized to manage, enter the title, name, and address of excelline 606020200 (6a3) indicated the control of or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Alicia Martinez Alvarado	1000 Brickell Avenue	
		Suite 300	■ Remove
		Miami, Florida 33131	☐ Change
MGR	Alicia Martinez de Torrado	1000 Brickell Avenue	₩ Add
		Suite 300	☐ Remove
		Miami, Florida 33131	Change
			□ Remove
			☐ Change
			FILED 16d SEP Remove Bunger SECURETALY OF TATAT
		· · · · · · · · · · · · · · · · · · ·	<u> </u>
			☐ Remove
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			Change (((H16000222576 3)))

09/07/2 D. If amo	2016 17:10 ending any othe	3054166811 r information, enter change(s) h	ADAMS GALLINAR PA cre: (Attach additional sheets, if nec	PAGE 05/05 essan((IH160002225763))
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E. Effecti	ive date, if other	r than the date of filing:	(opti	ラス 5 (onal)
<u>Note:</u>	If the date inserte	the date must be specific and cannot be pr d in this block does not inset the app te on the Department of State's record	ior to date of filing or more than 90 days afte licable statutory filing requirements, thi ds.	r filing.) Pursuant to 605,0207 (3)(b) s date will not be listed as the
f the red b) The	ord specifies a 90th day after	a delayed effective date, but r r the record is filed.	not an effective time, at 12:01	a.m. on the earlier of:
Dated	September 7	2016	· ,	
		Signature of a member or av	thorized representative of a member	
	Robert R. Adi	ams, Esq., Authorized Representative		
			nted name of signee	

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