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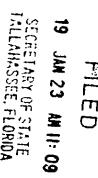
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

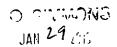
Office Use Only



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COVER LETTER

·O:		tration Secti on of Corpo			2 · ,		
HID III				HOUSE 1641 LLC			
;UBJE0	۱: <u>_</u>		Name of Limi	ted Liability Company			
Please re	eturn a	II correspond	lence concerning this matter (to the following:			
			JACK R TEEGARDIN				
			-	Name of Person			
				Name of Limited Liability Company and fee(s) are submitted for tiling. rning this matter to the following: FEEGARDIN Name of Person Firm/Company ST MCNAB ROAD Address TO BEACH. FL 33069 City/State and Zip Code RT@BELLSOUTH.NET E-mail address: (to be used for future annual report notification) st matter, please call: at (
1637 WEST M		1637 WEST MCNAB ROA	AD				
				Address		<u>_</u>	
			POMPANO BEACH, FL 33069				
			SNAPONJRT@BELLSOU				
			E-mail address: (t	to be used for future annual re	port notification)		
For furtl	her info	ormation con	cerning this matter, please co	ill:			
JACK F	R TEEC	GARDIN			3422		
		Name of P	Person	 \	Daytime Telephon	e Number	
Enclose	d is a c	heck for the	following amount:				
■ \$25	.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	sed)	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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our recor Liability Company)	rds.)
Articles of Organization for this Limited Liability Company		and assigned
		and assigned
ida document number L16000159423		
amendment is submitted to amend the following:		
f amending name, enter the new name of the limited liab	oility company here:	
GARDIN INVESTMENT PROPERTIES LLC		
new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
er new principal offices address, if applicable:	1637 WEST MCNAB ROAD)
ncipal office address MUST BE A STREET ADDRESS)	POMPANO BEACH, FL. 33	069
er new mailing address, if applicable:	1637 WEST MCNAB ROAD)
iling address MAY BE A POST OFFICE BOX)	POMPANO BEACH, FL. 33	069
		到
		SSA 23
If amending the registered agent and/or registered o	ffice address on our record	
stered agent and/or the new registered office address her	<u>'e</u> :	II. 09
		9 9
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	, F	Torida
	City	Zip Code

w Registered Agent's Signature, if changing Registered Agent:

nereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

IGR = M MBR = A	anager uthorized Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Remove
			□ Add
		<u> </u>	Remove
			Remove Remove Remove Remove Remove Remove
			PRIT O Remove
			Change
			Add

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fect	ive date, if other than the date of filing:
in ef <u>ote:</u>	ective date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ited	1/21/2019
	Signature of a member or authorized representative of a member
	signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00