# L1600011100

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(Ac	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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## COVER EETTER

	ration Section on of Corporations		
SUBJECT:		OPERTY (7ROC I Liability Company	e LLC.
The enclosed Ar	rticles of Amendment and fee(s) are submi	tted for filing.	
Please return all	correspondence concerning this matter to	the following:	
	MATHAL	Name of Person	
	CAYLORN	PROPIZATE (7800) Firm/Company	well.
	210 3rd 8	₹. ₩ 8408 Address	· · · · · · · · · · · · · · · · · · ·
		City/State and Zip Code  AYLOR O (7 M  oe used for future annual report notif	
For further infor	mation concerning this matter, please call:		,
MATHA.	Name of Person	at ( <u>U</u> 76) 313-1 Area Code Daytime	C Telephone Number
Enclosed is a ch	eck for the following amount:		
<b>S</b> \$25.00 Filin	g 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)

#### 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

GAYLOR	PROPER	y GROUP L	L(	
(Name of the Limite	d Liability Compar A Florida Limited L	iy as it now appears on our re lability Company)	cords.)	
The Articles of Organization for this Limited Lia Florida document number <u>L160017</u>		were filed on 9-14	and assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the wo				
The new name must be distinguishable and contain the wo	ords "Limited Liabili			
Enter new principal offices address, if applicable:		210 3rd ST	: W 8408	<del></del>
(Principal office address MUST BE A STREET	[ ADDRESS)	BRANFLOTON	FL 34205	<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B  B. If amending the registered agent and/or registered agent and/or the new registered off	or registered of	fice address on our rec	F. W &408  L, EL 34205  ords, enter the name of the	. <u></u>
Name of New Registered Agent:	$-\mu/\mu$			_
New Registered Office Address:	<u>海</u> 2	10 3rd ST. U Enter Florida street ad	J 8408	<u> </u>
	BRAD	City	, Florida 34205 Zip Code	
New Registered Agent's Signature, if changing R	egistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this c	r and complete p tered agent as p egistered office o	performance of my duties rovided for in Chapter 6	s, and I am familiar with करिंद 05, F.S. Or, if this docum <b>ंद्र</b>	

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 K/A <u>Title</u> Name **Address Type of Action** \_□ Add □ Remove ☐ Change □ Add \_□ Remove \_□ Change ☐ Add \_□ Remove Change 16 SEP 3 AH 18 48 ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

x/x	
	16 SEP 30 AH II: 48
	of consoliation
	8 40 E
E. Effective date, if other than the date of filing:	Pursuant to 605.0207 (3)(b) vill not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o (b) The 90th day after the record is filed.	n the earlier of:
Dated Sizettzmistin 26, 2016.  Signature of a member or authorized representative of a member	
MATHEN C. CAYLOR  Typed or printed name of signee	

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Filing Fee: \$25.00