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DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Registration S Division of Co		•	•
GA REAL SUBJECT:	TY OF SOUTH FLORIDA LL	c	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JOHN KOCHKERIAN, E	SQ.	
		Name of Person	
	JK LAW PA		
		Firm/Company	
	10231 LAKE VISTA COI	JRT	
		Address	
	PARKLAND, FL 33076		
		City/State and Zip Code	
•	JOHN@JKLAWPA.COM		
	E-mail address: (	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
JOHN KOCHKERIAN		954 818-9795 at ( )	
Name o	of Person		Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 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)
MAII	INC ADDDECS.	STDEET/COUDIN	ED ADDDESS.

Registration Section **Division of Corporations** 

P.O. Box 6327 Tallahassee, FL 32314 Registration Section

Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GA REALTY OF SOUTH FLORE		
(Name of the Limi	ted Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)
The Articles of Organization for this Limited L Florida document number L16000176173	iability Company were filed o	on 9/21/2016 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name of	f the limited liability compa	ny here:
GA REALTY I, LLC		
The new name must be distinguishable and contain the	vords "Limited Liability Company,	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applications of the control of the contro	BOX)	16 OCT -6 PM 2: 54  OLVISION OF CONF. OF ATTORS
B. If amending the registered agent and registered agent and/or the new registered o		ess on our records, enter the name of the new
Name of New Registered Agent:	JOHN KOCHKERIAN, ES	Q.
New Registered Office Address:	10231 LAKE VISTA COU	RT
	Ent	ter Florida street address
	PARKLAND	, Florida 33076
	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

Page 1 of 3

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 **Title** <u>Name</u> <u>Address</u> Type of Action \_□ Add □ Remove ☐ Change \_□ Add \_□ Remove \_□ Change □ Add □ Remove OF SION OF CO Remove 2: 5 Charles \_□ Add ☐ Remove \_□ Change □ Add ☐ Remove □ Change

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E. Effective	e date, if other than the ive date is listed, the date must	date of filing:	be prior to date of fil	ing or more than 90 d	_ (optional) lavs after filing.) P	ursuant to 605.02
Note: If	the date inserted in this blo t's effective date on the De	ock does not meet th	e applicable statuto	ry filing requireme	ents, this date wi	ll not be listed
documen	i s checave date on the De	partificition state s	records.			
If the reco	rd specifies a delayed	effective date.	but not an effe	ctive time, at 1	2:01 a.m. on	the earlier
	Oth day after the reco			4		
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Dated		Signature of a metrice	or authorized repres	entative of a membe	r	

Page 3 of 3

Filing Fee: \$25.00