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Division of Corporations

Fax Number : (850)617-6383

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From:

Account Name : SHUTTS & BOWEN LLP

Account Number : I20060000106 Phone : (813)229-8900

Fax Number : (813)229-8901

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

Email Address: Gary Portsallison. Com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GHP PROPERTIES 6740, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
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Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GHP Properties 6740 LLC  |   |  |
|--|---|--|
| (Name of the Limited Liability<br>(A Florida   | v Company as it now appears on our rec<br>Limited Liability Company)  | ords.)   |
| The Articles of Organization for this Limited Liability Co   | ompany were filed on 10/03/2016                                       | and assigned   |
| Florida document number L16000183821   | <b>→</b>  |  |
| This amendment is submitted to amend the following:  |   |  |
| A. If amending name, enter the new name of the limit   | ted liability company here:   |  |
| GHP Properties-6740, LLC   |   |  |
| The new name must be distinguishable and contain the words "Limit  | ed Liability Company," the designation "I                             | LLC" or the abbreviation "L.L.C."                              |
| Enter new principal offices address, if applicable:  |   |  |
| (Principal office address MUST BE A STREET ADDR  | ESS)  | · Ø  |
|  |   |  |
|  |   |  |
| Enter new mailing address, if applicable:  |   |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |  |
|  |   | Est.   |
| B. If amending the registered agent and/or registered agent and/or the new registered office additional entire and the Name of New Registered Agent:   | tered office address on our reco                                      | enter the name of the new                                      |
| New Registered Office Address:   |   |  |
| Enter Plorido street address   |   | idress   |
| <u></u>  |   | , Florida  |
|  | City  | Σιρ Cixie  |
| New Registered Agent's Signature, if changing Registered   |   |  |
| I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and confidence to the obligations of my position as registered ageing filed to merely reflect a change in the registere company has been notified in writing of this change. | omplete performance of my duties<br>pent as provided for in Chapter 6 | s, and I am jamiliar with and 05, F.S. Or, if this document is |
|  | If Changing Registered Agent, Signat                                  | ture of New Registered Agent                                   |

Fax Audit No. H18000327684 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 = M $AMBR = A$ | anager<br>uthorized Member |          |                |
|--------------------|----------------------------|----------|----------------|
| <u>Title</u>       | Name                       | Address  | Type of Action |
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|                    |                            |          | _ □ Remove     |
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| fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or more than the listed in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records. | (optional) in 90 days after filing.) Pursuant to 605.02 direments, this date will not be listed |
| record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.  | at 12:01 a.m. on the earlier  |
| ned November 12 / 2018.  |   |
| 1 V 3 2 1 1 X All Y V 1  |   |
| Signature of a member or authorized representative of a n  | nember  |

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