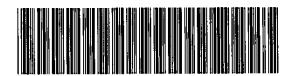
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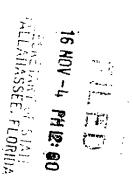
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## COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	Gunn Proper	ties LLC			
		Name of Lim	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Vanessa P. Herrera			
			Name of Person		
		Gunn Properties LLC			
			Firm/Company		
		3820 Gunn Hwy.			
			Address		
		Tampa, FL 33618			
			City/State and Zip Code		
		Vanessa@realvestflordia.co		Name of Person  Firm/Company  Address	
			·	cation)	
For further in	formation co	ncerning this matter, please ca	ıll:		
Vanessa P. F	lerrera		at ( )		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for the	e following amount:			
■ \$25.00 F	iling 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:

TO:

**Registration Section** 

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

Gunn Properties LLC		
( <u>Name of the Lim</u>	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited	Liability Company were filed on 10/24/	2016 and assigned
lorida document number L16000196227	<u> </u>	
This amendment is submitted to amend the following	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u> </u>	
		5
		ASS.
B. If amending the registered agent and registered agent and/or the new registered of		r records, enter the name of the name
Name of New Registered Agent:	ACFD Registered Agents, LLC	OR IN
New Registered Office Address:	75 Valencia Ave	.» <b>)</b>
	Enter Florida	street address
	Coral Gables, FL	, Florida <sup>33134</sup>
	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ricardo Tobchi		
		14125 NW 80 AVE Miami Lakes, I	■ Remove
			Change
MGR	Vanessa P, Herrera	3820 Gunn Hwy. Tampa, FL 33618	■ Add
			□ Remove
			☐ Change
<del></del>			□ Add
			☐ Remove
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			Remove
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			Remove
			☐ Change

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cument's effective date on the	e Department of S	State's records.	-	· .	·		
record specifies a delar The 90th day after the i			an effective	e time, at 1	2:01 a.m. o	ı the e	arlier
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Filing Fee: \$25.00