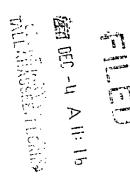
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D. SCOTT DEC 5 2017

COVER LETTER

Division of	Corporations	
SUBJECT:	GULFSTREAM REAL ESTATE ADVISORS, LLC	
	Name of Limited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.	
Please return all corre	espondence concerning this matter to the following:	
	FRANCIS E. FAUSONE	
	Name of Person	
	GULFSTREAM REAL ESTATE ADVISORS, LLC	
	Firm/Company	
	801 S OLIVE AVE # 122	
	Address	
	WEST PALM BEACH, FL 33401	
	City/State and Zip Code	
	Frank@GulfstreamAdvisors.com	
	E-mail address: (to be used for future annual report notification)	Ė
For further information	on concerning this matter, please call:	2 P. A.
Na:	ne of Person Area Code Daytime Telephone Number	CORE I
Enclosed is a check f	or the following amount:	
■ \$25.00 Filing Fee	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TQ:

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

GULFSTREAM REAL ESTATE				
(Name of the Lim	ited Liability Compa (A Florida Limited)	i <mark>ny as it now appears on ou</mark> Liability Company)	records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on	7a	nd assigned
lorida document number L17000061339	•			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if appli	801 S Olive Ave #122			
Principal office address MUST BE A STRE	West Palm Beach, FL			
		33401		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	E BOX)		10. D	5.
3. If amending the registered agent and			records, enter the	name of the n
registered agent and/or the new registered (onice address ner	<u>'e</u> :	rn,	9 3 1
Name of New Registered Agent:	FRANCIS E. F	AUSONE	ر ۱۳۰۱ د جوړونو د جوړونونونونونونونونونونونونونونونونونونو	
	801 S. OLIVE	AVE # 122	**) ;	
New Registered Office Address:	Enter Florida stre			
	WEST PALM			
	WESTTALM	City	, Florida ³³⁴⁰¹	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	Mark A. Roberto	120 S OLIVE AVE	Add
		STE. 202 WEST PALM BEACH, FL	Remove
		33401	Change
			Add
			Remove
			Change
			D Add
			☐ Remove
			☐ Change
<u>.</u>			Add
			Remove
			Change
	·		- (
			∴□ Remove
			Change
			Add
			□ Remove
			Change

f amending any other information, enter change(s) here: (Attach addition	onal sheets, if necessary.)
<u>'</u>	
•	
	
	<u> </u>
ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing or most. If the date inserted in this block does not meet the applicable statutory filing.	nore than 90 days after filing.) Pursuant to 605.0207
ocument's effective date on the Department of State's records.	The Committee of the Co
	>-
e record specifies a delayed effective date, but not an effective t The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier o
Pated Nov 20 +4, 2017.	
Signature of a member of authorized representative	e of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00