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SECRETARY OF STATE

J. HARRIS

COVER LETTER

	egistration Sec ivision of Corp			·		
CUD IFOT	Gulfway Re	alty LLC				
SUBJECT	Name of Limited Liability Company					
The enclose	ed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please retui	rn all correspor	idence concerning this matter	to the following:			
		Cheri Gillespie				
			fee(s) are submitted for filing. Ing this matter to the following: Pie Name of Person Alty LLC Firm/Company Berry Rd Address FL 33967 City/State and Zip Code @sellingsouthwestflorida.com -mail address: (to be used for future annual report notification) atter, please call: at (239 851-5069 Area Code Daytime Telephone Number unt: unt: ng Fee & \$\Begin{array}csspace{2} \$55.00 Filing Fee & \$\Beta\$ \$60.00 Filing Fee,			
		Gulfway Realty LLC				
			Firm/Company	Daytime Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy		
		8301 Blackberry Rd	Name of Person ay Realty LLC Firm/Company Blackberry Rd Address Lyers, FL 33967			
			Address			
		Fort Myers, FL 33967				
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			
		E-mail address: (to be used for future annual report no	tification)		
For further	information co	ncerning this matter, please c	all:			
Cheri Gille	espie		==			
	Name of	Person	Area Code Daytir	ne Telephone Number		
Enclosed is	a check for the	e following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		

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

Company as it now appears imited Liability Company)	on our records.)		
mpany were filed on	5 17 17	and as	signed
ed liability company her	<u>e</u> :		
ed Liability Company," the des	signation "LLC" or the	abbreviation "L	L.C."
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	,	SS -7-	Charles Charles
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Enter Floria	la street address		·
City	, Florida _	Zip Code	
	red office address on ss here:	d Liability Company here: d Liability Company," the designation "LLC" or the SSS) red office address on our records, entes here: Enter Florida street address , Florida	and as and liability company here: d Liability Company," the designation "LLC" or the abbreviation "LC" SSS) The state of the street address on our records, enter the name as here: Enter Florida street address Florida

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	Chad Gillespie	Post Office Box 1242	
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cument's effective date on th	e Department of	State's records.				
record specifies a dela The 90th day after the i			an effective ti	me, at 12:01 a.	.m. on the earl	ier c
June 2,		2017	_ ·			
11.	Win a	•			201 SE SE	
Mll	Signature of	member or author	rized representative	of a member	I7,JUN	•
Cheri Gillespie				•	SS	-
		Typed or printed	i name of signee		PH FEE FL	6 2000
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		Dogo	3 of 3		STATE CORNO	

Filing Fee: \$25.00