## 118000010187

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## COVER LETTER

TO: Registratio Division of	n Section Corporations			
	GDG BROOKSVILLE PROPCO L	.LC		
SUBJECT:	Name of Lin	nited Liability Company	<u></u>	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.		
Please return all corr	espondence concerning this matter	to the following:		
	ANDREW MCADAMS			
		Name of Person		<del></del>
	MVP HOLDINGS			
		Firm/Company		
	4343 ANCHOR PLAZA I	PARKWAY, SUITE I		
		Address		<del></del> -
	TAMPA, FL 33634			
		City/State and Zip Co	de	
	AMCADAMS@MVPHOL			<del></del> _
For further information	on concerning this matter, please c	(to be used for future ann	nai report notificatio	on)
	-			
ANDREW MCADA	MS	at ()	200-7942	
Nai	me of Person	Area Code	Daytime Tele	ephone Number
Enclosed is a check f	or the following amount:			
\$25.00 Filing Fee	e S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing For Certified Copy (additional copy is		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, FL 32314	Regis Divisi Clifto 2661	ERT/COURIER A tration Section ion of Corporation in Building Executive Center hassee, FL 32301	os

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MVP GDG BROOKSVILLE PROPCO LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Africies of Organization for this Limited Liability Company we	refined on and assigned
Florida document number L18000010187	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
	18 ALL
The new name must be distinguishable and contain the words "Limited Liability of	Company." the designation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable:	SSET
(Principal office address MUST BE A STREET ADDRESS)	P THO
_	OF
	10 UA
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	. Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree t provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as prov being filed to merely reflect a change in the registered office add	formunce of my duties, and I am familiar with and vided for in Chapter 605, F.S. Or, if this document is

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

AGR = N AMBR = A	lanager Authorized Member		
itle	<u>Name</u>	Address	Type of Action
MBR	ERIC SCHOESSLER	4201 W. Cypress Street,	<b>⊟</b> Add
		Tampa, FL 33607	Remove
			☐ Change
		-	Add
			Remove
			☐ Change
		_	Add
			☐ Remove
			☐ Change
	<del></del>		
			Remove
			☐ Change
			Add
			☐ Remove
			Change
		_	D Add
			□ Remove
			Change

D. If amending any other information	on, enter change(s) here:	(Attach additional sheets, if necessar	Ţ·.)
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E. Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to ok does not meet the applicable	(optional) date of filing or more than 90 days after filing e statutory filing requirements, this date	(a) Pursuant to 605.0207 (3)(b)
If the record specifies a delayed e	effective date, but not a d is filed.	in effective time, at 12:01 a.m.	on the earlier of:
Dated	2018		
	nu		
Si	gnature of a member or authoriz	ed representative of a member	<del></del>
NICHOLAS READER		ì	

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Filing Fee: \$25.00