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COVER LETTER

G&M PROPERTIES OF BREVARD COUNTY, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Michael B. Bittner Name of Person Marks Gray, P.A. Firm/Company P.O. Box 447 Address Jacksonville, FL 32201 City/State and Zip Code mbittner@marksgray.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael B. Bittner Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. ■ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

G&M PROPERTIES OF BREVARD COUNTY, LLC

| (<u>Name of the Limited Liability</u> (A Florida | y Company as it now appears or Limited Liability Company) | our records.) |
|---|--|--|
| The Articles of Organization for this Limited Liability Co Florida document number <u>L18000039193</u> | ompany were filed on $\frac{02/12}{2}$ | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ted liability company here: | |
| The new name must be distinguishable and contain the words "Limit | ted Liability Company," the desig | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR. | ESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regist registered agent and/or the new registered office address of New Registered Agent: New Registered Office Address: | ress here: | |
| | Enter Florida | street daaress |
| <u></u> | City | , Florida Zip Code |
| New Registered Agent's Signature, if changing Registered | l Agent: | |
| I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change. | omplete performance of my vent as provided for in Cha d office address. I hereby c | duties, and I am familiar with and pter 605, F.S. Or, if this document is confirm that the limited liability |
| I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and coacept the obligations of my position as registered agbeing filed to merely reflect a change in the registered | md agree to act in this cap implete performance of my ent as provided for in Cha d office address. I hereby c | duties, and I am familiar with and pter 605, F.S. Or, if this document is |

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|--------------------------|----------------|
| AMBR | George Savakis | 5031 Valle Collina Lane | Add |
| - | | Merritt Island, FL 32952 | ☐ Remove |
| | | | Change |
| | | | □ Add |
| | | | ☐ Remove |
| | | | Change |
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| Effe | ctive date, if other than the date of filing: | |
| Not | e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will i | not be listed |
| ดดด | iment's effective date on the Department of State's records. | |
| he i | record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t | he earlier |
| | ne 90th day after the record is filed. | , |
| | Λ , α, α, α | |
| Dat | Auty 21. 2018. | |
| | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00