L18000115008

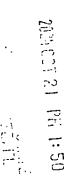
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	
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10/21/24--01014--014 **25.00





COVER LETTER

TO: Registration Se Division of Cor			
GOTCC Pr	operty LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Scott Kiley		
		Name of Person	
	GOTCC Property LLC		
		Firm/Company	
	147 Bedell Ave		
		Address	
	Hempstead NY 11550		
		City/State and Zip Code	
	scott@FranklinInvestorsGro	oup.com to be used for future annual report noti	(Continu)
For further information e	concerning this matter, please c		meation)
Scott Kiley		516 902-8826	
	of Person	at () Area Code Daytim	T. Laker Niember
Name o	of Person	Area Code — Daytun	e Telephone Number
Enclosed is a check for th	he following amount:		
■ \$25.00 Filing 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 Addres		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Taflahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOTCC Property LLC		LULY COME	
(<u>Name of the Limited Liabili</u> (A Florid:	ty Company as it now appears on o a Limited Liability Company)	ur records.) 21 F: 1:50	
The Articles of Organization for this Limited Liability C Florida document number L18000115008	Company were filed on <u>5/11/201</u>	\mathcal{N}	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our record	s, enter the name of the new registere	
New Registered Office Address:	Enter Florida sir	eet address	
	, Florida		
	City .	Zip Code	
New Registered Agent's Signature, if changing Registere	d Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my d gent as provided for in Chapt ed office address. I hereby con	uties, and I am familiar with and er 605, F.S. Or, if this document is	

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
AMBR	Michelle Kiley	147 Bedell Ave	
		Hempstead NY 11550	_
			[]Change
MGR	Franklin Investors Group LLC	1-17 Bedell Ave	∐Add
		Hempstead NY 11550	≡ Remove
			□Change
			□Add
			□Remove
			□Remove
			□Change
			🖂 Add
			□Remove
		[]Change	
			□Remove
			□Change

			- -	
				
				
• • • •				
Note: If the date inserted in the	the date of filing:	dicable statutory filing re		
record specifies a delayed eff Lis filed.	ective date, but not an effectiv	e time, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
ated	2024			
	N.O.	·		
	Signature of a member or at	uthorized representative of	i member	
	,			

Filing Fee: \$25.00