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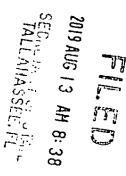
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(Business Entity Name)
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C Kinsey

COVER LETTER

TO:	Registration Se Division of Cor		÷	
601715 I IC		AL ESTATE LLC		
SUBJE	(,1: <u></u>	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	etum all correspo	ondence concerning this matter	to the following:	
		DANY ABRAHAM		
			Name of Person	
		KSDT & COMPANY		
Firm/Company 1625 N COMMERCE PKWY SUITE 315				
			Address	
		WESTON, FL 33326		
		DABRAHAM@KSDT-CP	City/State and Zip Code	
		-	to be used for future annual report notif	fication)
For furt	her information c	oncerning this matter, please c	all.	
DANY	ABRAHAM		305 670-3370	
	Name e	f Person	at () Area Code Daytime	e Telephone Number
Enclose	ed is a check for the	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 ADDRESS: Registration Section			STREET/COURI Registration Sectio	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G & T REAL ESTATE LLC		
(<u>Name of the Limited Liability Comp</u> an (A Florida Limited Li	y as it now appears on our records. (ability Company)	
The Articles of Organization for this I imited Liability Company v Florida document number $\frac{L18000117740}{L18000117740}$.	were filed on <u>05/10/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "LLC" or the	2019 TA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AUG 13 AH 8: 38
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid:	1

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. Thereby confirm that the limited liability company has been notified in writing of this change.

Ciry

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Address</u>	Type of Action
MGR	RON ABRAHAM	1625 N COMMERCE PKWY	⊟ Add
		SUITE 315	
		WEST AT 17 1997	□ Remove
		WESTON FL 33326	☐ Change
			□ Add
			Remove
			□ Change
			□ Add
			□ Remove
			☐ Change
			🗆 Add
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			Change
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		<u>.</u>	🗅 Change
			🗆 Add
			Remove
			☐ Change

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i an eff <u>Note:</u>	ctive date, if other than the date of filing: [Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) [If the date inserted in this block does not meet the applicable statutory filing requirements, this date varieties effective date on the Department of State's records.	Pursuant to 605.0207 vill not be listed as
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of e 90th day after the record is filed.	n the earlier of
Dated	d <u>08/05</u> . <u>2019</u> .	
	Signature of member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00