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## **COVER LETTER**

то:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Simona Fluieras Gallagter  TGSG Properties
	Firm/Company 3453 N. Boll
	- MACANDORATAN Chicago II.
	City State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call:
<u>Sr</u>	Name of Person Salleger at (773) 860-2116  Name of Person Daytime Telephone Number
	ed is a check for the following amount:  5.00 Filing Fee \$\Bigsup \text{\$\frac{5}{30.00}}\$ Filing Fee & \Bigsup \text{\$\frac{5}{30.00}\$}\$ Certificate of Status & \Bigsup \text{\$\frac{5}{30.00}\$}\$ Filing Fee & \Bigsup \text{\$\frac{5}{3

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

c/GSG 7	Properties LLC	
(Name of the Lin	mited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Florida document number $83-163$	I Liability Company were filed on $8-20-208$ and ass $31731$ .	ાટ્ર signed
This amendment is submitted to amend the fo	ollowing:	
A. If amending name, enter the new name	e of the limited liability company here:	
The new name must be distinguishable and contain the	ne words "Limited Liability Company," the designation "LLC" or the abbreviation "L	.L.C."
Enter new principal offices address, if app	olicable:	
(Principal office address MUST BE A STRE	EET ADDRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC	TE BOX)	
B. If amending the registered agent and/or	or registered office address on our records, <u>enter the name of the ne</u> lress here:	<u>w registered</u>
Name of New Registered Agent:	Simona Fluieras Gallac	her
New Registered Office Address:	1920 van Buren	<i></i>
	Enter Florida street address Florida 3302 Zip Code	<u> </u>

### 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

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an effecti <u>ote:</u>   f t	ve date is listed, th the date inserted	than the date of the date must be spe in this block does on the Department	cific and cannots not meet t	he applicable	e of filing or mo statutory filing	re than 90 days at	otional) fler filing.) Pursuan this date will not	t to 605.0207 ( be listed as t
record spirited is filed.	pecifies a delaye	d effective date.	but not an ef	fective time,	it 12:01 a.m. oi	n the earlier of:	(b) The 90th de	ay after the
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Filing Fee: \$25.00