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COVER LETTER

	Registration Se Division of Cor			
cun ura	6433 Seaga			
SUBJEC	. I :		ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Boris Labov, CPA		
			Name of Person	
			Firm/Company	
		20939 N Dogwood Street		
			Address	-
		Deerfield, IL 60015		-
		boris_cpa@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	all:	
Boris La	ibov, CPA		at ()	-
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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:

TO:

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

6433 Seagate, LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 04/26/2019 and assigned
Florida document number L19000114106	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
GultSide Villas 6433, LLC	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	5)
	· · · · · · · · · · · · · · · · · · ·
	5 71
Enter new mailing address, if applicable:	3 1 A7555
(Mailing address MAY BE A POST OFFICE BOX)	
	& & & & & & & & & & & & & & &
	1 - 2 -
	d office address on our records, enter the name of the n
registered agent and/or the new registered office address	<u>here</u> :
Name of New Registered Agent:	
TVIANC OF TYCW REGISTERED FIREM.	
New Registered Office Address:	Enter Florida street address
	Emer Finau steet autress
	, Florida
Name Descriptional Assurable Statements of the section Description A.A.	
New Registered Agent's Signature, if changing Registered Ag	CHL.

If Changing Registered Agent, Signature of New 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addedor removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			☐ Change
			П Remove
			Change
		 	□ Add
			□ Remove
			□ Change
			Remove
			Change
	<u> </u>		Add
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			□ Change
			☐ Remove
			☐ Change

Effective date, if other than the date of filing: (Optional)			
Effective date, if other than the date of filing: (I an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.021 (State: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The 90th day after the record is filed. Dated August 1 2019 30th August 1 2019			
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			earlier of
Signature of a member or authorized representative of a member	Dated	August 1 2019	
		Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00