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SECRUPARY OF STATE
INCLUMINASSEE FLORING.

LLC Name

COVER LETTER

TO:

e, atus & mclosed)

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2919 NW 5TH AVE 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 11/11/2019	and assigned
Florida document number L19000281357		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
GGJ RE LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offagent and/or the new registered office address here:	ice address on our records, <u>enter th</u>	2019 DEC 12 PH new register OF THE OF
Name of New Registered Agent:		7>
name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	enter v toruta street address	
	Flori	ida Zip Code
	Ciù	гяр Соае

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 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
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
(If an effective Note: If	e date, if other than the date of filing:
he record : ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
Dated D	ECEMBER 5 , 2019
	A , Δ
	Signature of a member of authorized representative of a member Justin Goldberg Typed or printed name of signee