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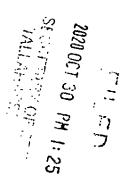
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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A-19/2D

## **COVER LETTER**

TO: Registration Se Division of Cor			
GA Proper SUBJECT:			
SUBJECT:		nited Liability Company	7.5.1
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	_	
	Gary Lenz		
		Name of Person	
	GA Property LLC		
		Firm/Company	
	8743 Summerville Place		
		Address	
	Orlando, Fl. 32819		
		City/State and Zip Code	
	garylenz3@gmail.com	to be used for future annual report not	· · · · · · · · · · · · · · · · · · ·
For further information c	oncerning this matter, please c	·	meation)
Gary Lenz		612 991-7189	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for the	ne 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 Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Co	
P.O. Box 632	7	The Centre of 7	Γallahassee

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GA Property LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>k.</u> )
The Articles of Organization for this Limited Liability Comp	any were filed on 10/19/2020	and assigned
Florida document number L20000329574		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	20 SE
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	70 <b>0</b>
		9 9
		30
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
· · · ·		25
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	· v
		orida
	City	Zip Code

## 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	LENZ. GARY	8743 SUMMERVILLE PLACE	□Add
		ORLANDO, FL 32819	□Remove
			<b> ☐</b> Change
MĠR	BROWN, MICHELE A	9870 PRIMROSE DRIVE	
		MICCO, FL 32976	□Remove
			<b>⊞</b> Change
			□Add
			□Remove
			□Change
		<del>-</del>	□Add
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			**************************************	•
Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this blo document's effective date on the De	at he specific and cannot be prior ock does not meet the application.	able statutory filing require		
e record specifies a delayed effective rd is filed.	e date, but not an effective til	me, at 12:01 a.m. on the ea	arlier of: (b) The 90th day afte	er the
October 28	2020			
Dated				
Dated	·	rized representative of a men	nber	

Filing Fee: \$25.00