120 000 356469

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ru	siness Entity Nar	na)
(60	isiness Littly Nat	ne,
(100	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800355690058

11/30/20--01011--017 **25.00

2020 NOV 30 AM 9: 16

LA-1/12/21

COVER LETTER

Division of Corporations
SUBJECT: GMK Real Estate: Services, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Giha Kline Name of Person
GMK Real Estate Services, LLC Firm/Company
1407 Tuscany Way
Boynton Beach FL 33435 City/State and Zip Code
B-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Giha Kline a 561, 618-2004
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Dertificate of Status} \Bigcup \text{\$55.00 Filing Fee & Dertificate of Status & Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \Bi
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

TO:

Registration Section

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records

(**************************************	
The Articles of Organization for this Limited Liability Co	mpany were filed on NOV TMOEV 10, 2020 and assigned
Florida document number <u>L2000035646</u>	
This amendment is submitted to amend the following:	9 1020 NOV 30
A. If amending name, enter the new name of the limit	
The new name must be distinguishable and contain the words "Limit-	ed 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 ADDRE	1407 Tuscany Way
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1407 Tuscany Way Baynton Beach, FL 33435
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registe
Name of New Registered Agent:	iha Kline
New Registered Office Address:	DT TUSCANY Way Enter Florida street address
Boy	nton Beach Florida 33435

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 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 addor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Giha Kline	1407 Tuscany Way, Boy Aton Beach FL 331	X ∧dd
			□Remove
		<u> </u>	□Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<u> </u>	□Change
			🗆 Add
			□Remove
		1	_

	.,,				
	41				
			· 		
				· · · · · · · · · · · · · · · · · · ·	
					-
					
			·		
			1		
					· · · · · · · · · · · · · · · · · · ·
					
					
			<u>.</u>		
i'an effective date	if other than the date of is listed, the date must be spec	cific and cannot be prior	to date of filing or more t	(optional) han 90 days after tiling.) Pu	rsuant to 605.0207
<u>Note:</u> If the dat document's effe	te inserted in this block doc ective date on the Departmo	es not meet the applic ent of State's records	able statutory filing re	quirements, this date wil	i not be fisted as
record specifie d is filed.	es a delayed effective date.	but not an effective ti	ime, at 12:01 a.m. on ti	ne earlier of: (b) The 90)th day after the
Dated _ \\\ OU	reinber 24	2020	<u>2</u> . ,		
	Mouna	MXune	·		
	./ Signatu	ire of a member or auth	orized representative of a	Highingt	