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(Re	questor's Name)	
(Add	dress)	
(Add	dress)	<u></u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

	gistration Se ision of Cor			
CUDIFCT.	2820 36th A	Ave, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	i all correspo	ondence concerning this matter	to the following:	
		Christopher Troutner		
		<u> </u>	Name of Person	
		Key Real Estate Partners,	LLC	
			Firm/Company	
		3225 McLeod Drive		
			Address	
		Las Vegas, NV 89121		
			City/State and Zip Code	
		chris@keyrealestatepartners	s.com to be used for future annual re	
For further i	nformation c	oncerning this matter, please c		port notification)
Christopher	Troutner		301 368- at ()	8200
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Add Registrat	I <u>ress:</u> ion Section
	-	orporations	-	of Corporations
	D. Box 632			re of Tallahassee
Ta	Hahassee, I	TL 32314	2415 N. i	Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2820 36th Ave. LLC

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

	02/24/2021	
The Articles of Organization for this Limited Liability Company	were filed on <u>02/24/2021</u>	and assigned
Florida document number L21000091159		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
GCP Acquisition II, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3225 McLeod Drive	
(Principal office address MUST BE A STREET ADDRESS)	Las Vegas, NV 89121	
		. **
		.
Enter new mailing address, if applicable:	3225 McLeod Drive	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	Las Vegas, NV 89121	7.
		<u> </u>
P. If amonding the registered agent and/or registered office.		
	address on our records, enter t	thame of the new registere
agent and/or the new registered office address here:		The name of the new registere
Name of New Registered Agent:	Enter Florida street address	
Name of New Registered Agent:	Enter Florida street address Flor	rida
	Enter Florida street address Flor	

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>	Address	Type of Action
			□Add
			□ Remove
		 	□Add
		 	□Remove
	•		□Change
			□ Add
		 	
			□Remove
			□Change
		-	□Remove
			□ Change
			□Add
			□Remove
			□Change

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ective date, if oth	er than the date of	filing:		(optional)	
te: If the date inse		s not meet the applica		han 90 days after filing.) Pr quirements, this date wi	
cord specifies a del s filed.	layed effective date, b	ut not an effective tir	ne, at 12:01 a.m. on th	ne earlier of: (b) The 9	0th day after the
April 28th		2021			
	/3//	$\overline{}$			

Typed or printed name of signee