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COVER LETTER

TO:

TO: Registration So Division of Col			
GEIS PRO	PERTY MANAGEMENT FLO	ORIDA, LLC	•
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robert A. Cooper, Esq.		
-		Name of Person	
	Hahn Loeser & Parks LLP		
•		Firm/Company	
	2400 First Street, Suite 30)	
		Address	
	Fort Myers, FL 33901		
	 	City/State and Zip Code	
	racooper@hahnlaw.com		
Date Complement of Comments and		to be used for future annual report noti	fication)
	concerning this matter, please c		
Robert A. Cooper, Esq.		239 337-6700 at ()	·
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		- 1.00 -
☐ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy— (additional copy is enclosed)
Mailing Addres Registration	Section	Street Address: Registration Sec	
Division of C P.O. Box 633	•	Division of Cor The Centre of T	-
Tallahassee.			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000185245}{1.21000185245}$	y were filed on April 21, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new regis
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	27
		2
	, Florida _	Zip Code
	City	zip Coae -

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>	Name	Address	Type of Action
MGR	AL KRIST	28100 Bonita grande Drive, Suite 103	= Add
		Bonita Springs, FL 34135	□Remove
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te: If the date inserted in this	he date of filing: must be specific and cannot be prior to date block does not meet the applicable sta Department of State's records.	(option of tiling or more than 90 days after atutory filing requirements, this	filing.) Pursuant to 605	.020, ad a
cord specifies a delayed effects filed.	tive date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after	r th
ed June 1	2021			
lthi.	Sunature of a member or authorized re			