7/28/2021

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000287853 3)))



H210002878533ABC3

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To:

Division of Corporations

Fax Number

5619899966

: (850)617-6383

From:

; MARK B. GOLDSTEIN, P.A. Account Name

Account Number : I20060000077 : (561)989-9955 Phone

: (561)989-9966 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

G200 203, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
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ARTICLES OF AMENDMENT TO (((H21000287853 3))) ARTICLES OF ORGANIZATION

5619899966

| G200 203, LLC | | |
|---|---|----------------------------|
| (Name of the Limited | Liability Company as it now appears on our records.) Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Liab Florida document number L21000263206 | bility Company were filed on 6 4 207 | and assigned |
| This amendment is submitted to amend the follow | ving: | 10 |
| A. If amending name, enter the new name of t | | |
| The new name must be distinguishable and contain the wor | rds "Limited Liability Company," the designation "LLC" or | the abbreviation L.C. |
| Enter new principal offices address, if applica | ble: | |
| (Principal office address MUST BE A STREET | ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | <u>20X)</u> | |
| B. If amending the registered agent and/or reagent and/or the new registered office address | gistered office address on our records, <u>enter the</u> s <u>here</u> : | name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | . Flori | da |
| | 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:
(((H21000287853 3)))
MGR = Manager

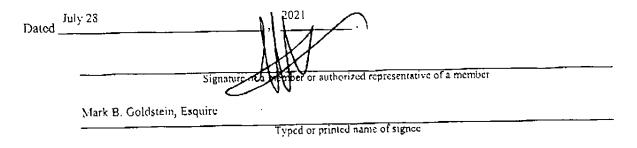
AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|----------------------|---------------------------------|----------------|
| AMBR | Irving Matthews | 17701 US 441 Mt. Dora, FL 32757 | = Add |
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If the record 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 record is filed.



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03/24/2007 21:44

D.

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