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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : GINN & PATROU, PA Account Number : I20190000124 Phone : (904)461-3000 Fax Number : (844)730-9828

Page: 2 of 5

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

Email Address: SPATROU @GINNPATROU COM

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GP 461, LLC

Certificate of Status	0
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S. PRATHER

From: 15034367151

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Page: 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GP 461, LLC		· · · · · · · · · · · · · · · · · · ·
·	ability Company as it now appears on our rorida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabilit	ty Company were filed on October 19,	and assigned ω
This amendment is submitted to amend the following	<i>5</i> .	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words " Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD		"LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
	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

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From: 15034367151

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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
MGR	GP Development Group, LLC	460 A1A Beach Blvd	□Add
		St. Augustine, FL 32080	≘ Remove
			□ Change
MGR	Adam Russo	1785 Lakeside Avenue	🗆 Add
		St. Augustine, FL 32080	■Remove
			DChange
MBR	GP Development Group, LLC	460 AIA Beach Blvd	∃ Add
		St. Augustine, FL 32080	□Remove
			Change
MBR	Adam Russo	1785 Lakeside Avenue	B Add
		St. Augustine, FL 32080	□Remove
			□Change
MER	John Gian	460 AlA Beach Bird	
		St. Agestine FL 32080	□Remove
			□Change
			□Add
			Remove
			Change

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D. If amending any of	her information, enter change(s) here: (Attach additional sheets, if necessary	·.)		
		<u> </u>		
		<u>.</u>		
	<u> </u>			
<u> </u>				
				
		.		
				
Note: If the date inser	d, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) rted in this block does not meet the applicable statutory filing requirements, this date was date on the Department of State's records.	Pursuant to 605.02: will not be listed :	07 (3)(b as the)
If the record specifies a del record is filed.	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day after th	ic	
	2001	FALL	202	
Dated November 3	, 2021	,	2021 NOV -3	·T1
	Signature of a member or authorized representative of a member	:	ည်	FILED
	I Signature of a member of authorized representative of a member		A M 3:	Ö
	Typed or printed name of signee	TAI'E	ဒ္ဌာ	