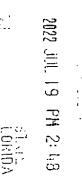
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## **COVER LETTER**

Tallahassee, FL 32314

	Registration So Division of Co			
SUBJEC		F COAST REALTY LLC		
SUBJEC	1;	Name of Lin	tited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	_	
		Gregory Morad		
		<u> </u>	Name of Person	
		GEM GULF COAST REA	ALTY LLC	
			Firm/Company	<u></u>
		528 Horton St.		
			Address	
		Northville, MI 48167		
			City/State and Zip Code	
		gregorymorad@gmail.com		
		E-mail address; (	to be used for future annual report	notification)
For further	r information c	oncerning this matter, please c	all:	
Gregory M	Morad		734 812-008	8
	Name of	f Person		ytime Telephone Number
Enclosed i	s 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 enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	lailing Address legistration S	<del></del>	Street Address	
	Division of Co		Registration Division of	Section Corporations
	.O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20

GEM GULF COAST REALTY L	LC	72.	
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.)	:
The Articles of Organization for this Limited I Florida document number 1.22000223949  This amendment is submitted to amend the fol  A. If amending name, enter the new name of	Liability Company were filed o	on May 12th, 2022 and assigned,	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
The new name must be distinguishable and contain the  Enter new principal offices address, if appli-		the designation "LLC" or the abbreviation "L.L.C."	-
(Principal office address MUST BE A STREE	ET ADDRESS)		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		-
B. If amending the registered agent and/or agent and/or the new registered office addre		our records, <u>enter the name of the new registe</u>	<u>red</u>
Name of New Registered Agent:	Gregory Morad		
New Registered Office Address:	145 W. Pago Pago Dr.		
	Ente	er Florida street address	•
	Naples	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

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	Gregory Morad	145 W. Pago Pago Dr.	≣Add
		Naples, FL 34113	□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
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ffective date, if other than the date on effective date is listed, the date must be lote:  If the date inserted in this block ocument's effective date on the Depart	specific and cannot be prior to does not meet the applicable rtment of State's records.	e statutory filing require	ments, this date wil	l not be listed a
record specifies a delayed effective da is filed.	ite, but not an effective time	, at 12:01 a.m. on the ea	lier of: (b) The 90	Ith day after the
July 15th	2022	7 //		2020
				2022 JUL 19 PH 2: 16
, ,	/ // /	1		
1	nature of a member or authorize			

Filing Fee: \$25.00