L22000309248

(R	Requestor's Name)	
(A	Address)	
(A	Address)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	•
(B	Business Entity Name)	
(D	Pocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	o Filing Officer:	

Office Use Only



400399282434

12/27/22--01007--027 **375.00



DEC 2 8 2022

D COMNELL



25

·CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

•			WAL	K IN		
		PICK I	P: <u>MI</u>	ISTY 12/27		
		CERTIFIED COPY				
	XX	РНОТОСОРУ			-	
		CUS				
	XX	FILING	LLC AMEN	ND		
 2. 		GMF GROUP FL PORTE (CORPORATE NAME AND DOCUME) (CORPORATE NAME AND DOCUME)	T #)	LLC		
3.	_	(CORPORATE NAME AND DOCUME				
4. 5.	_	(CORPORATE NAME AND DOCUME	T #)		,,	
<i>5</i> . 6.	_	(CORPORATE NAME AND DOCUME	T #)			- 1 100 .
SPE	CIAL	(CORPORATE NAME AND DOCUME) CTIONS:	T #)			

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co.	rporations		
GMF GRO	OUP FL PORTFOLIO III, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	amitted for filing	
		-	
Please return all correspo	ondence concerning this matter	to the following:	
	D. Scott Baker		
	-	Name of Person	
	Zimmerman Kiser Sutclift	fe, P.A.	
		Firm/Company	
	315 E. Robinson Street, St	uite 600	
		Address	
	Orlando, FL 32801		
		City/State and Zip Code	· · ·
	corporate@zkslawfirm.com		
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Emily Bautista, Corpora	te Paralegal	407 425-7010 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec	
P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GMF GROUP FL PORTFOLIO III, LLC				
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on		and assigned		
This amendment is submitted to amend the following:				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on [A Florida Limited Liability Company] Articles of Organization for this Limited Liability Company were filed on [A Florida Limited Liability Company] [A Florida Limited Liability Company were filed on [A Florida Limited Liability Company] [A Florida Limited Liability Company were filed on [A Florida Limited Liability Company] [A Florida Limited Liability Company]				
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or th	e abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	0			
		DEC TH		
		37: 2		
Enter new mailing address, if applicable:				
				
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the n</u>	ame of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address			
	, 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>	<u>Address</u>	Type of Action
MGR	GMF GROUP FUND I, LLC	315 E. ROBINSON ST STE 600	□Add
		ORLANDO, FL 32801	=Remove
			□Change
MGR	GMF GROUP FUND II HOLDINGS, LLC	315 E. ROBINSON ST STE 600	
		ORLANDO, FL 32801	□Remove
			□Change
		·	□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		·	□Add
			□Remove
			□Change

						
	<u> </u>				•	
	•					
						
			.			
			,			
						
		<u></u>			<u> </u>	
						
ffective date, if other than th	ist be specific and lock does not m	cannot be prior to eet the applicabl	date of filing or mor	(option to than 90 days after for requirements, this	iling.) Pursuant to 605.6	0207 d as
Hective date, if other than the an effective date is listed, the date in ote: If the date inserted in this becament's effective date on the I	Department of St	tate's records.				
an effective date is listed, the date mi ote: If the date inserted in this b	Department of St		, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	the
an effective date is listed, the date mote: If the date inserted in this becument's effective date on the I record specifies a delayed effection is filed.	Department of St	an effective time		the earlier of: (b)	The 90th day after	the
an effective date is listed, the date mote: If the date inserted in this bocument's effective date on the I record specifies a delayed effection is filed. December 27	Department of St	an effective time				the
an effective date is listed, the date mote: If the date inserted in this becument's effective date on the I record specifies a delayed effection is filed.	Department of St	an effective time				the

Filing Fee: \$25.00