## L22000510849

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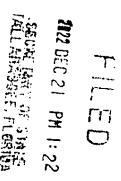
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4001 Tamiami Trail North, Suite 300 Noples, Florida 34103 T 239 435 3535 | F 239 435 1218

Writer's Email: mgrabinski@cyklawfirm.com

December 20, 2022

Via FedEx 7708 3900 8980

Registration Section of the Division of Corporations 2415 North Monroe Street, Suite 801 Tallahassee, FL 32303

RE: GF - Venice, LLC - Articles of Amendment

Ladies and Gentlemen:

With respect to the above-referenced matter, we enclose Articles of Amendment to Articles of Organization of GF – Venice, LLC, for the purpose of changing the name of the LLC to GF – Calusa, LLC. We also enclose a check in the amount of \$25.00 made payable to the Florida Department of State to cover the filing fee for the enclosed Amendment.

If you have any questions, please contact our office.

Sincerely,

Matthew L. Grabinski

ce: Christopher Schaeffer, via email at <u>cschaeffer@coralhospitality.com</u> (w/enclosures)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GF - Venice, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our recordiability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company	were filed on Dec. 5, 2022	and assigned
Florida document number L22000510849		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
GF - Calusa, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<del>-</del>	
	_	- A R T
		C 2
Enter new mailing address, if applicable:	<del> </del>	#1 -< - 1
Mailing address MAY BE A POST OFFICE BOX)		- F P
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<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
<del></del>	Enter Florida street addre:	SS
	, FI	orida
	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
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Affective date, fan effective date Note: If the date Nocument's effe	inserted in	this block do	es not med	et the appl	reable stat	Illing or mor utory filing	e than 90 da requiremen	( <b>optiona</b> ys after fili nts. this da	il) ng.) Pursuant ite will not l	to 605.0207 be listed as
record specifies d is filed.	a delayed e	ffective date,	but not an	ı effective	time, at 11	2:01 a.m. or	the earlie	r of: (b)	The 90th da	y after the
Decembe	r 20 		·	2022	·					
Dated										
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