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COVER LETTER

TO:	Registration Se Division of Cor	
SUBJE		rty Management, LLC Name of Limited Liability Company
The end	closed Articles of	Amendment and fee(s) are submitted for filing.
Please 1	return all correspo	endence concerning this matter to the following:
		Adrienne Catania
		Name of Person
		GSA Property Management, LLC
		Firm/Company
		9599 59th Ave N
		Address
		St. Petersburg FL 33708
		City/State and Zip Code
		adrienne.s.catania@gmail.com E-mail address: (to be used for future annual report notification)
For fur	ther information c	oncerning this matter, please call:
Adrien	ne Catania	727 776-9423 at ()
	Name o	f Person Area Code Daytime Telephone Number
Enclose	ed is a check for th	he following amount:
≅ \$ 2:	5.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GSA Property Management, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
he Articles of Organization for this Limited Liability Comp	pany were filed on October 19th 2023	and assigned
orida document number L23000480993		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:		26
Principal office address MUST BE A STREET ADDRESS	S)	2024 / FC
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		<u></u>
nter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)		<u>က်၊</u>
		∑ 3
. If amending the registered agent and/or registered officent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		me of the new regi
	Enter Florida street address	
	, Florida	2: 0.1
	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 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
AMBR	Christopher Catania	9599 59th Ave N St. Petersburg FL 33708	\ Add
			Петюvе
			□ Change
AMBR Adrienne Catania	Adrienne Catania	9599 59th Ave N St. Petersburg FL 33708	
		□Remove	
			≘Change
			□Add
			□Remove
		<u></u>	□ Change
			□ Add
			□Remove
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			□ Add
			□Remove
			□Change
	- <u>-</u>	□Add	
			□Remove
			□ Change

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(If an effective Note: If t	date, if other than the date of filing:
the record sp cord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	3/6/2024
	Signature of a member or authorized representative of a member
	Adrience Cataia