L12000084462

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(Document Number)				
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	GRAMA	AGJUJOR LLC	
		ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARIANO SPINELLI		
		Name of Person	
GRAMAGJUJOR LLC			
		Firm/Company	
	17071 W Dixie Highway #124		
		Address	
	NORTH	I MIAMI BEACH , FL 33°	160
		City/State and Zip Code	
	nti	capitalpm@gmail.com to be used for future annual report in	Otification)
For further information	concerning this matter, please c		
	EGO MISRAHI	at (_305)	305-7075
Name	of Person	Area Code & Day	time Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30 00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60 00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis	LING ADDRESS: tration Section on of Corporations	STREET/COU Registration Se Division of Cor	

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



12 AUG 20 PH 12: 32

GRAMAGJUJOR LLC		
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	pears on our records.) y)	
The Articles of Organization for this Limited Liability Company were filed on _	06/27/2012 and	d assigned
Florida document numberL12000084462		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	<u>here</u> :	
The new name must be distinguishable and end with the words "Limited Liability Cor"L.L.C."	mpany," the designation "LLC" or	the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
F		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
Total and the second se		
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	on our records, <u>enter the nar</u>	ne of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
City	, Florida	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LILIANA M.BELTRAN	17071 W Dixie Highway si North Miami Beach, FL 33	uite #124
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, e	nter change(s) here: (Attach additional sheets,	if necessary.)
- - -		//	12 AUG 20 PH 12:
Dated	AUGUST 18		:32
	Signature	of a member or authorized representative of mem	per
		MARIANO SPINELLI Typed or printed name of signee	
		VI	

Page 2 of 2

Filing Fee: \$25.00