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## **COVER LETTER**

TO: Registration Section Division of Corpor		·	
SUBJECT:	Grosvenor	Ventures LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde		-	
	Lai	Y Pershin	
	Grosve	Name of Person  Nor Vertice Partn  Firm/Company	<13
	3001	S. Ocean Dr.	#S2S
	Hollywood	EL 33519 City/State and Zip Code	
_	E-mail address: (to	grenture annual report notification	mail. (om
For further information conce	erning this matter, please ca	II:	
Name of Per	fershing.	at (24) 430 - Area Code Daytime Tel	-0490 ephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee [	3 \$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 ADDRESS:

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

### STREET/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Graverse Vestures	LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number \(\begin{align*} \L \O	were filed on 11/13/2012-	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Grosumor Venture Partners	LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:	3001 S. Ocean D	n'ine
(Principal office address MUST BE A STREET ADDRESS)	Hollywood FL, 3	3019
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3001 S. Ocen	
	Holly wood FL,	33619
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		<del></del> -
		2018 HA
Name of New Registered Agent:	AH.	
New Registered Office Address:	Signature Signat	29
	Enter Florida street address	P I
	Florida	<u>ੰ</u> ਦਾ ,
	City 57	Zi <b>p:::</b> ode

### 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = . Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lewi X Pershih	14250 Vemon Street	🗀 Add
		14250 Vernon Street Oak Rak, MI 48237	□ Remove
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	tive date, if other than the date of filing:(optional)  ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
Note	
Note	
<u>Note</u> docu	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
Note docu the re	e 90th day after the record is filed.
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Note docu the re	e 90th day after the record is filed.

Page 3 of 3

Filing Fee: \$25.00