

L12000 142874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

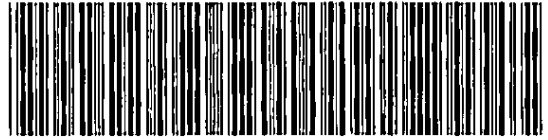
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JAIL AHSSEE, FLORIDA

2018 MAY 29 PM 5:01

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B FIGUEROA

MAY 31 2018

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Grosvenor Ventures LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lei X Pershin  
Name of Person

Grosvenor Venture Partners  
Firm/Company

3001 S. Ocean Dr. #525  
Address

Hollywood FL 33019  
City/State and Zip Code

~~XXXXXXXXXX~~ gventures@protonmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lei X Pershin at (248) 730-0490  
Name of Person Area Code Daytime 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 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



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>	<u>Type of Action</u>
MGR	Levi X. Pershik	14250 Vernon Street	<input type="checkbox"/> Add
		Oak Park, MI 48237	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

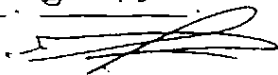
Multiple horizontal lines for amending information.

2018 MAY 29 PM 5:01  
SECRETARIAT OF PLANT  
INDUSTRY MASSACHUSETTS

-FILED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective 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 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated May 24th 2018  


Signature of a member or authorized representative of a member

Lew X. Rerghin  
Typed or printed name of signee