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Special Instructions to	Filing Officer:	
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DIVISION OF CURPUPATIONS

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

GREY CA	VE. LLC			
SUBJECT.		ited Liability Company	· in the	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	RAFAEL DE ARAUJO. E	SQ		
		Name of Person	****	
	LAW OFFICE OF RAFAI	EL DE ARAUJO PA		
		Firm/Company		
	1221 BRICKELL AVE ST	E 900		
	<u> </u>	Address		
	MIAMUFL 33131			
	City/State and Zip Code			
	RAFAEL@DEARAUJOLA			
	E-mail address: (	to be used for future annual report notif	ication)	
For further information of	concerning this matter, please ea	all:		
RAFAEL DE ARAUJO	ESQ	at () 542-6899 Area Code   Daytime		
Name c	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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)	
Regist	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpora	n	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Li	Company as it now appears on our record mited Liability Company)	ls.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L16000011298</u>	npany were filed on 1/15/16	and assigned
This amendment is submitted to amend the following:		9 1 N
Florida document number L16000011298  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited  The new name must be distinguishable and contain the words "Limited  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRE)	d liability company here:	TIG TO THE
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC	or the abbreviation L.L.C.
Enter new principal offices address, if applicable:		9 13
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		-
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		s, enter the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street addre	338
		lorida
	Ciţv	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>	Address	Type of Action
AR	PAOLO BARONE	18601 NE AVE STE 103	■ Add
		MIAMI, FL 33179	Remove
			☐ Change
			Add
			□ Remove
			□ Change
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		PH 2: 13	
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ffecti	ve date, if other than the date of filing: (optional)
i an elle Note:	ective 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 605.03 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
locume	ent's effective date on the Department of State's records.
е гес	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
The	90th day after the record is filed.
Dated [	AUGUST 4 2017
-	
	What Mr
	Signature of a member or authorized representative of a member
	RAFAEL DE ARAUJO. ESQ
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00