## 11800145515

| <del>.</del>        | (Requestor's Name)       |             |
|---------------------|--------------------------|-------------|
|                     |                          |             |
| <u> </u>            | (Address)                |             |
|                     | (Address)                | <u></u>     |
|                     | (Address)                |             |
|                     | (City/State/Zip/Phone #) |             |
| . N PICK-U          | P WAIT                   | MAIL        |
|                     | (Business Entity Name)   |             |
|                     |                          |             |
|                     | (Document Number)        |             |
| Certified Copies    | Certificates of S        | Status      |
| Special Instruction | s to Filing Officer:     |             |
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DIVISION OF CORPORATIONS

N COOPER AUG 1 0 2018

## **COVER LETTER**

| то:           | Registration Se<br>Division of Cor |                                              |                                                                     |                                                                                                     |
|---------------|------------------------------------|----------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| SUBJE         |                                    | TAGE GRANDE LLC                              |                                                                     |                                                                                                     |
| 300,15        | C1                                 | Name of Limi                                 | ted Liability Company                                               |                                                                                                     |
| The enc       | losed Articles of                  | Amendment and fee(s) are sub-                | mitted for filing.                                                  |                                                                                                     |
| Please re     | eturn all correspo                 | ndence concerning this matter (              | to the following:                                                   |                                                                                                     |
|               |                                    | DAVID BROWNSTEIN                             |                                                                     |                                                                                                     |
|               |                                    |                                              | Name of Person                                                      | <del></del>                                                                                         |
|               |                                    |                                              | Firm/Company                                                        | <del></del>                                                                                         |
|               |                                    | PO BOX 4402                                  |                                                                     |                                                                                                     |
|               |                                    |                                              | Address                                                             | <del></del>                                                                                         |
| •             |                                    | BOYNTON BEACH, FL 3                          | 33424-4402                                                          |                                                                                                     |
|               |                                    |                                              | City/State and Zip Code                                             | <del> </del>                                                                                        |
|               |                                    | bromengroup@gmail.com                        |                                                                     |                                                                                                     |
|               |                                    | E-mail address: (t                           | to be used for future annual report notif                           | ication)                                                                                            |
| For furt      | ner information co                 | oncerning this matter, please ca             | ill:                                                                |                                                                                                     |
| DAVID         | BROWNSTEIN                         |                                              | 561 371-4999<br>at ()                                               |                                                                                                     |
|               | Name o                             | f Person                                     | Area Code Daytime                                                   | Telephone Number                                                                                    |
| Enclose       | d is a check for th                | ne following amount:                         |                                                                     |                                                                                                     |
| <b>■</b> \$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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS:

TO:

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

| 6777 HERITAGE GRANDE LLC                                                                                                                                |                                                              |                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| (Name of the Limited Liability Comp.<br>(A Florida Limited                                                                                              | any as it now appears on our records.)<br>Liability Company) |                                                                                                             |
| The Articles of Organization for this Limited Liability Company                                                                                         | y were filed on 06.13.18                                     | and assigned                                                                                                |
| Florida document number L18000145515                                                                                                                    |                                                              |                                                                                                             |
| This amendment is submitted to amend the following:                                                                                                     |                                                              |                                                                                                             |
| A. If amending name, enter the new name of the limited lial                                                                                             | bility company here:                                         |                                                                                                             |
| ·                                                                                                                                                       |                                                              |                                                                                                             |
| The new name must be distinguishable and contain the words "Limited Liab                                                                                | ility Company," the designation "LLC" or the                 | ne abbreviation "L.L.C."                                                                                    |
| Enter new principal offices address, if applicable:                                                                                                     |                                                              |                                                                                                             |
| Principal office address MUST BE A STREET ADDRESS)                                                                                                      |                                                              | <b>66</b> VIS                                                                                               |
| <del>-</del>                                                                                                                                            |                                                              | L LOCKE                                                                                                     |
|                                                                                                                                                         |                                                              | -6                                                                                                          |
| Enter new mailing address, if applicable:                                                                                                               |                                                              | 72<br>132<br>132<br>132<br>133<br>134<br>135<br>135<br>135<br>135<br>135<br>135<br>135<br>135<br>135<br>135 |
| Mailing address MAY BE A POST OFFICE BOX)                                                                                                               |                                                              | ORA<br>ORA                                                                                                  |
| Making address MAT BE A POST OFFICE BOX)                                                                                                                |                                                              | : 26                                                                                                        |
|                                                                                                                                                         |                                                              |                                                                                                             |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent: |                                                              | ter the name of th                                                                                          |
|                                                                                                                                                         | <del></del>                                                  |                                                                                                             |
| New Registered Office Address:                                                                                                                          | Enter Florida street address                                 |                                                                                                             |
|                                                                                                                                                         | , Florida                                                    |                                                                                                             |
| <del></del>                                                                                                                                             | 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 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>               | <u>Address</u>          | Type of Action |
|--------------|---------------------------|-------------------------|----------------|
| MBR/MC       | ARLEEN G GOLDSMITH IRA LI | 6314 WATER LILLY LN     | Add            |
|              |                           | BOYNTON BEACH, FL 33437 | Remove         |
|              |                           |                         | ■ Change       |
| MBR/MC       | Sandra m mennillo ira ll  | 8218 WHITE ROCK CIRCLE  | <b> </b>       |
| ٠            |                           | BOYNTON BEACH, FL 33437 | Remove         |
|              |                           |                         | ☐ Change       |
| •            |                           |                         | Add            |
|              |                           |                         | ☐ Remove       |
|              |                           |                         | Change         |
|              |                           |                         |                |
|              |                           |                         | □ Remove       |
|              |                           |                         | Change         |
|              |                           |                         |                |
|              |                           |                         | Remove         |
|              |                           |                         | Change         |
|              |                           |                         |                |
|              |                           |                         | Remove         |
|              |                           |                         | Change         |

|    | single member LLCs. Both MGRs of this LLC are the single MBRs of those 2 LLCs.                                                                                                                                                                                                                                                  |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| -  |                                                                                                                                                                                                                                                                                                                                 |
| -  |                                                                                                                                                                                                                                                                                                                                 |
| -  |                                                                                                                                                                                                                                                                                                                                 |
|    |                                                                                                                                                                                                                                                                                                                                 |
|    | In conclusion, this LLC should have Arleen G Brownstein IRA LLC and Sandra M Mennillo IRA LLC as the                                                                                                                                                                                                                            |
|    | as the members and Arleen Brownstein and Sandra Mennillo as the Mgrs, with the David Mennillo and                                                                                                                                                                                                                               |
|    | David Brownstein as authorized representatives.                                                                                                                                                                                                                                                                                 |
| •  |                                                                                                                                                                                                                                                                                                                                 |
| -  | 18 V                                                                                                                                                                                                                                                                                                                            |
|    |                                                                                                                                                                                                                                                                                                                                 |
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|    |                                                                                                                                                                                                                                                                                                                                 |
| ٠  |                                                                                                                                                                                                                                                                                                                                 |
| •1 | tive date, if other than the date of filing:(optional)                                                                                                                                                                                                                                                                          |
| !  | fective 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 60. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lishent's effective date on the Department of State's records. |
|    | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earle 90th day after the record is filed.                                                                                                                                                                                              |
| ,  | August 2 , 2018                                                                                                                                                                                                                                                                                                                 |
| L  | MAIN                                                                                                                                                                                                                                                                                                                            |
|    | H/H/H/H/H/W                                                                                                                                                                                                                                                                                                                     |

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Typed or printed name of signee

Filing Fee: \$25.00