## L18000239957

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## COVER LETTER-

Grand Pal	ms Redevelopment II, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
		-	
Please return all corresp	ondence concerning this matter	to the following:	
	Regan B Bloss		
	Name of Person	<del></del>	
		Firm/Company	<del></del>
	Orlando, FL 32801	Address	Daytime Telephone Number  \$ \$60.00 Filing Fee. Certificate of Status &
		•	
		·	cation)
For further information ( Regan Bloss	concerning this matter, please c		
Name	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	2		Certificate of Status & Certified Copy
MAII	JNG ADDRESS:	STREET/COURIE	ER ADDRESS:

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Grand Palms Redevelopment II, LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	apany as it now appears on our red Liability Company)	ecords.)
	iny were filed on 10th Octobe	and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrillation "LLC" Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		
A. If amending name, enter the new name of the limited li	iability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	
Enter new principal offices address, if applicable:		<del></del>
Principal office address MUST BE A STREET ADDRESS)	2	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	<del></del>	[1]'
Inter new mailing address, if annlicable		っ つう <del>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</del>
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The state of the s		
egistered agent and/or the new registered office address h		cords, <u>enter the name of the ne</u>
Name of New Registered Agent:		<del></del>
New Registered Office Address:	<del></del>	
	Enter Florida street a	uldress
		uddress, Florida

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>	<u>Address</u>	Type of Action
MGR	Investec Group, LLC	PO Box 470880, Lake Monroe, FL 32747	🖨 Add
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			Change
<del></del>			Add
			Remove
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			PR - AHCH OF STATE  AHASSEE, FLORIDA
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ffective date, if other an effective date is listed to lote: If the date insective occument's effective of the date in the dat	d, the date must be rted in this block	e specific and c does not n	cannot be prio	r to date of filing	g or more than 90 y filing requiren	(optional days after filing tents, this date	g.) Pursuar	nt to 605 be liste	5.0207 ed as
e record specifies The 90th day af	s a delayed e ter the record	ffective d	late, but no	ot an effect	tive time, at	12:01 a.m.	on the	earlie	er of
3rd April			2019	·					
ated	2	. /	)						

Page 3 of 3

Filing Fee: \$25.00