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## **COVER LETTER**

SUBJECT GR	ETO LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Division of Corporations  UBJECT: GRETO LLC  Name of Limited Liability Company  the enclosed Articles of Amendment and fee(s) are submitted for filing.  Lense return all correspondence concerning this matter to the following:  ANDRES GUIA  Name of Person  EC REAL ESTATE  Firm/Company  2 700 GLADES CIR STE 150  Address  WESTON, FL 33327  Cay/Sinte and Zip Code  NICOLAS K@ dxxi.com.aR  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  ANDRES GUIA  Name of Person  at (754)  Area Code  Daytine Telephone Number    \$25.00 Filing Fee			
	ANDRES	S GUIA	
	Division of Corporations  CCT: GRETO LLC  Name of Limited Liability Company  Closed Articles of Amendment and fee(s) are submitted for filing.  Preturn all correspondence concerning this matter to the following:  ANDRES GUIA  Name of Person  ECC REAL ESTATE  Firm/Company  2 700 GLADES CIR STE 150  Address  WESTON, FL 33327  City/State and Zip Code  NICOLAS KQ dxxi. com. AR  E-mail address: to be used for future annual report notification)  their information concerning this matter, please call:  NDRES GUIA  Name of Person  at (954) GS5-4842  Daytine Telephone Number  ed is a check for the following amount:  5.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of Tallahassee		
	Ites of Amendment and fee(s) are submitted for filing.  Ites of Amendment and fee(s) a		
	Rame of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  Peturn all correspondence concerning this matter to the following:  ANDRES GUIA Name of Person  EC REAL ESTATE Firm/Company  2 700 GLADES CIR STE 150 Address  WESTON, FL 33327 City/State and Zip Code NICOLASK@dxxi.com.aR E-mail address: (to be used for future annual report notification)  her information concerning this matter, please call:  NDRES GUIA Name of Person  at (954) Area Code Daytime Telephone Number  at (a) S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section  Street Address: Registration Section		
	WESTON	City/State and Zin Code	<del> </del>
	NICOLASK	@dxxi.com.ar	
	E-mail address:	to be used for future annual report no	tification)
For further information co	oncerning this matter, please c	rall:	
ANDRES	GUIA	at (954) 655	-4842
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□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
_		<del>-</del>	
P.O. Box 632	7	The Centre of	Tallahassee
rananassee, r	1, 34314	Z413 IN. MIONE	oc succi, suite 610

Tallahassee, FL 32303

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

Greto LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company value of Organization for this Liability Company value of Organization for this	were filed on	_ and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabil	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbre-	viation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	S	202
		00
	·	
nter new mailing address, if applicable:		ω [Th
Mailing address MAY BE A POST OFFICE BOX)		32 -
Maning address MAT BE A TOST OF TICE BOXY		
		<del>-5</del> -
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ddress on our records, <u>enter the name o</u>	f the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	Little Frontier Street authers	
<del></del>	, Florida	Zip Code
	V aj	zyr i oae

## 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>	<u>Address</u>	Type of Action
AMBR	Alejandro Koweindl	2131 Hollywood Blvd, STE 306. Hollywood, FL 33020	<b>=</b> Add
			□Remove
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Natar	(optional)  (optional)  (if other than the date of filing:  (optional)  (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted as em's effective date on the Department of State's records.
ne recort ad is fib	I 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 sd
Dated .	10/12/2020
	Signature of a member or authorized representative of a member