L22 000074638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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22 AUG 11 AM 10:22

DIVISION OF CORPORATION

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: GRAND ADOBE SUITS L.L.C.
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:

NATHIFA DICKSON
Name of Person

GRAND ADOBE SUITES LLC
Firm/Company

1150 NW 72ND AVE TOWER I STE 455 # 6938
Address

MIAMI FLORIDA 33126
City/State and Zip Code

nathifadickson@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nathifa Dickson at (813) 666-5090
Name of Person Area Code Daytime Telephone Number

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FILED
DIVISION OF CORPORATION

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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GRAND ADOBE SUITS

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/09/2022 and assigned Florida document number L22000074638

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GRAND ADOBE SUITES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1150 NW 72nd Ave Tower 1
Ste 455 # 6938
Miami Fl 33126

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1150 NW 72nd Ave Tower 1
Ste 455 # 6938
Miami Fl 33126

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
City *Zip Code*

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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

Title	Name	Address	Type of Action
MGR	Nathifa Dickson	1150 NW 72nd Ave	☐Add
		Tower I Ste 455 #6938	☐Remove
		Miami Florida 33126	☒Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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

Naics Code: Professional, Scientific and Technical Services (54)

Naics Subcode: Administrative Management and General Management Consulting Services (541611)

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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 August 09th, 2022.

Nathifa Dickson

Signature of a member or authorized representative of a member

NATHIFA DICKSON

Typed or printed name of signee

Filing Fee: $25.00