# L03000005660

(Re	equestor's Name)	
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2015 NOV -4 AM 8: 57
SECRETARY OF STATE

N. Cumgen NOV - 5, 2015

### **COVER LETTER**

TO:	Registration Se Division of Cor	ection porations		- '5}
CIID II	ГСТ.	The Gr	oss Group, LLC	
SUBJ	ECI:	Name of Limi	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Isela Calderon	
			Name of Person	<del></del>
			Wolz Corporate USA, Inc.	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		36	South 18th Avenue, Suite D	
	•		Address	
			Brighton, CO 80601	
			City/State and Zip Code	
			sela@wolzcorporate.com to be used for future annual report not	(Cardian)
Eos fu			•	meation
roriu	rmer miormation c	oncerning this matter, please ca	au;	
	Isela C	alderon	303 655-9659 at ()	
	Name o	f Person		e Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>₹</b> \$2	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:

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

FILED

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2015 NOV -4 AM 8 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The Gross C			
(Name of the Limited Liability Compa (A Florida Limited )	ny as it now appears Liability Company)	on our records.)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company Florida document numberL03000005660	were filed on	02/14/2003	and assigned
This amendment is submitted to amend the following:	<b>;</b>		
A. If amending name, <u>enter the new name of the limited liah</u>	ility company her	<b>Æ</b> :	
The new name must be distinguishable and contain the words "Limited Liabi			previation "L.L.C."
Enter new principal offices address, if applicable:	c/o Caton Realty		
(Principal office address MUST BE A STREET ADDRESS)	1286 President S	treet	
	Brooklyn, NY 11	213	
Enter new mailing address, if applicable:	c/o Caton Realty	Holdings LLC	
(Mailing address MAY BE A POST OFFICE BOX)	1286 President S	treet	
	Brooklyn, NY 11	213	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:	Joseph	our records, enter  Bartdfield, Esq.  way A1A, Suite #405	the name of the n
New Registered Office Address:		da street address	<del></del>
	Satellite Beach	, Fiorida	32937
	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
Joseph Bartdfield, Esq.

# Îf 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	Manual Grosskope	1000 E. Hallandale Beach Blvd.	
		Hallandate Beach. FL 33009	Remove
			□ Change
MGR	Walter Fischer	1000 E. Hallandale Beach Blvd.	
		Hallandale Beach, FL 33009	■ Remove
			Change
MGR	Daisy M. Sotolongo	1000 E. Hallandale Beach Blvd.	□ Add
		Hallandale Beach, FL 33009	■ Remove
AMBR	Caton Realty Holdings LLC	1286 President Street	Add
		Brooklyn, NY 11213	☐ Remove
			☐ Change
			□ Remove
		Change	
			□ Add
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach add	itional sheets, if necessary.)	
	<b>3</b> 55 <b>23</b>	
	SECRETALLIARS	-
	SEE O	-
	OF STATE ELIFLORIDA	
	75 <b>8</b>	
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing of the date of filing of	(optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing a Note: If the date inserted in this block does not meet the applicable statutory a document's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) filing requirements, this date will not be listed as the	
If the record specifies a delayed effective date, but not an effective (b) The 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier of:	
Dated November 4 2015.		
Signature of a member or authorized represents  Joseph Bartfield, Esq.	auve oi a member	

j

D.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00