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N. Guillean [1] (1 - 8 2277)

COVER LETTER

то:	Registration Sec Division of Corp			
OUD IE	La Gran \	√ia, LLC		
SUBJE	CT:	Name of Limit	ed Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please re	eturn all correspor	ndence concerning this matter to	o the following:	
		Vanesa Suarez-Solis	;	
			Name of Person	
		The Astor Companies	s	
			Firm/Company	
		2601 S Bayshore Dri	ve, Suite 1800	
			Address	
		Miami, FL 33133		
		_	City/State and Zip Code	
		vanesa@astorcompa	nies.com be used for future annual report notifica	ution)
		·		idon)
For furt	her information co	oncerning this matter, please ca	II:	
Vane	sa Suarez-So	lis	786 6232810	
	Name of	Person	at () Area Code Daytime T	elephone Number
Enclose	d is a check for th	e 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE
FALLARIASSEE, FLORIDA

La Gran Via. LLC (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 $\frac{07/22/2003}{2}$ and assigned Florida document number _L03000026682 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Henry Torres Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Miami

2601 S Bayshore Drive, Suite 1800

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida <u>3</u>3133

Zip Code

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If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			□ Remove
			<u> </u>
		-	Add
		-	☐ Remove
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			□ Add
			☐ Remove
			Remove
			□ Remove

flective d	te, if other than the date of filing:(optional) ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after becomen is filed by the Florida Department of State)
effective de date this de	ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ocument is filed by the Florida Department of State)
effective d	ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after

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