LD500081012

| (Requestor's Name) (Address) | 900147876019 |
|---|--------------------------|
| , (Address) | 000117010010 |
| (City/State/Zip/Phone #) | |
| (Business Entity Name) (Document Number) | 04/06/0901027011 **25.00 |
| Certified Copies Certificates of Status | |

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APR - 3 2009

EXAMINER

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FILED

COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|---|--|---|
| SUBJECT: GRAY | & ASSOCIATES PR | | |
| | (Name of Limi | ited Liability Company) | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspondence | ondence concerning this matter | to the following: | |
| • | DANIEL NOVELA | | |
| | | (Name of Person) | |
| • | NOVELA LAW | | r de |
| | | (Firm/Company) | |
| | 1390 BRICKELL AVENU | E, SUITE 200 | |
| | | (Address) | |
| | MIAMI, FLORIDA 33131 | | |
| | | (City/State and Zip Code) | |
| For further information of | concerning this matter, please ca | all: | |
| DANIEL NOVELA | ∪f Person) | at (305) 371-6711 (Area Code & Daytime T | 'clephone Number) |
| , | · | | • |
| Enclosed is a check for t | he 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

| GRAY & ASSOCIATES | S PROPERTIES, LLC | | |
|--|---|---|-----------|
| (Name of the Limited Liability Company (A Florida Limited Lia | y as it now appears on our records.) ability Company) | | |
| The Articles of Organization for this Limited Liability Company w | vere filed on 08/17/2005 | and assigned | |
| Florida document number L05000081022 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | | |
| The new name must be distinguishable and end with the words "Limite "L.L.C." | ed Liability Company," the designation " | LLC" or the abbreviat | _ ior |
| 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 registered agent and/or the new registered office address here: | | the name of the n | <u>en</u> |
| | · | ₹ 0 | |
| Name of New Registered Agent: | | OS AF | _ |
| New Registered Office Address: | | AHANA T | _ |
| | (Enter Florida street ad | | |
| | (City), Florida | | _ |
| New Registered Agent's Signature, if changing Registered Agent: | (Cuy) | | |
| The state of the s | • | <u>, , , , , , , , , , , , , , , , , , , </u> | |

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> <u>Address</u>

| MGR | Robert K. Gray | 2620 NE Miami Place Miami, FL 33137 | 7 n |
|-------------|--|---|-------------------------------------|
| | | | Add Remove |
| | | | E Damaro |
| | | | Add Remove |
| | · | | Add Remove |
| | | | Add Remove |
| D. If amend | ling any other information, enter chan | nge(s) here: (Attach additional sheets, if ne | ecessary.) |
| _ | | | · |
| Dated Decen | nber 31 / 2008 | 3 | IA.S |
| | Kuen' K | per or authorized representative of a member | FIL 09 APR -6 SECRETARY ALLAHASSE |
| | | Page 2 of 2 | AM 8: 14 GF STATE E FLORIDA |

Filing Fee: \$25.00