## LO6 0000 44791

(Requestor's Name)
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PICK-UP WAIT MAIL
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## COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division	of Cor	porations					
	19 GR	EYSTONE, LLC					
SUBJECT:		Name of Lin	nited Liability Company		<del></del>		
The enclosed Artic	cles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all co	orrespo	indence concerning this matter	to the following:				
		Victoria Lackey					
			Name of Person	· · · · · · · · · · · · · · · · · · ·	<del></del>		
		Taurus Investment Holdin	gs. LLC				
			Firm/Company				
		610 N. Wymore Road, Su	ite 200				
			Address				
		Maitland, FL 32751					
			City/State and Zip Code				
		vlackey@tiholdings.com					
			to be used for future annua	d report notification	}		Z1:
For further inform	ation c	oncerning this matter, please o	all:				()
Victoria Lackey			407 51	39-2310			•
:	Name o	l'Person	Area Code	Daytime Telepl	ione Number		
Enclosed is a chec	k for th	ne following amount:				1 1/1 2	7
<b>■</b> \$25.00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy tadditional copy is er		S60.00 Filin Certificate Certified Co (additional co	gFee. of Status o opy	
<u>Mailing /</u> Registra	ition S	Section	Regist	Address: ration Section			
Divisior P.O. Bo		orporations 7		on of Corporati entre of Tallaha			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Lim</u>	ited Liability Compar (A Florida Limited L	ny <u>as it now appears on our re</u> nability Company)	cords.)
The Articles of Organization for this Limited I Florida document number 1.06000044791	Liability Company	were filed on 04/28/2006	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liabi	lity company here:	
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	NA	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u>		NA	2)
3. If amending the registered agent and/or gent and/or the new registered office addre	registered office a ess here:	ddress on our records, <u>en</u>	ter the name of the new regist
Name of New Registered Agent:	Victoria Lackey		
New Registered Office Address:	610 N. Wymore	Road, Suite 200	,
		Enter Florida street ad	$\sim$
	Maitland		Florida 32751  Zip Code

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

CD119 GREYSTONE LLC

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	Victoria Lackey	610 N. Wymore Road. Suite 200	
		Maitland, FL 32751	□Remove
		<del></del> .	☐Change
MGR	Nancy Scotton	610 N. Wymore Road, Suite 200	■Add
		Maitland, FL 32751	□Remove
			□ Change
MGR	Linda Kassof	610 N. Wymore Road, Suite 200	□Add
		Maitland, FL 32751	<b>&amp;</b> Remove
			☐ Change
			1.1000
			Remove
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		<del></del>	□ Add
			□ Remove
			□Change

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			/ 🔾 / 🗀 -				