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COVER LETTER

. Division of	on Section f Corporations
SUBJECT: GRA	AND CAPITAL INVESTMENTS LLC
	(Name of Limited Liability Company)
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	Jay J. Lorenzo, Esq.
•	(Name of Person)
•	Lorenzo Caballero Rodriguez-Rams
	(Firm/Company)
	9192 Coral Way, Ste 201
	(Address)
	Miami, FL 33165
	·(City/State and Zip Code)
For further informat	tion concerning this matter, please call:
	•
Jay J.	Lorenzo at (305) 227-0727 (Area Code & Daytime Telephone Number)
·	(and a supplementation)
Enclosed is a check fo	or the following amount:
TATOTOSCU IS A CHOCK TO	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR ROTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the State	r the jouowing statements of Florida.	u in oraer to change us i	regisierea office or regisierea
1. The name of the limite	d liability company is:	GRAND CAPITAL INVES	TMENTS LLC
2. The mailing address of	the limited liability con	npany is : <u>1461 NW 23rd</u>	d Street, Miami, FL 33142
06/05/06		L060000570	000
3. Date of filing/registration in Florida		4. Document	number
5. The name of the registe Florida Department of S		ered office address as sho	wn on the records of the
•		Name	
	5901 SW 45th Stre		<u> </u>
	Miami, FL 33155	ddress	_
6. The name and address of	of the new registered age	ent and/or office:	
	Jay J. Lorenzo, Es	q. · · _	<u></u>
	9192 Coral Way, St	ame o 201	
		(P.O. Box NOT acceptab	le)
	Miami	FL 33165	
	City, Sta	nte and Zip	
If the limited liability com- confirmed that after the cl- and the business office of liability company, it is her of the members of the lim- or the operating agreemen	nange or changes are ma the registered agent will reby confirmed that the nited liability company of	de, the Florida street addit be identical. Or, in the c change(s) was/were authour as otherwise provided in	of Florida, it is hereby ress of the registered office case of a Florida limited rized by an affirmative vote in the articles of organization
(Signature of a member or authori	zed representative of a member)	1
Louis E. Toledo (Printed or typed name of signee)			
I hereby accept the appoint the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address I hereby continued.	ntment as registered ag s of all statules relative d accept the obligations his document is being fi that the limited liability	ent and agree to act in thi to the proper and comple of my position as register ted to merely reflect a che company has been positive	s capacity. I further agree to te performance of my duties, red agent as provided for in unge in the registered office and in writing of this change

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00