LD60000057000

(Re	questor's Name)	
(Ad	dress)	
·	dress)	
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(Cit	ry/State/Zip/Phone #	<i>‡</i>)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	s)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

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O9 MAY 12 PM 12: 31
SECRETARY OF STATE
TALLAHASSEF FI TO TO

D. BRUCE

MAY 13 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpo					
SUBJECT: STORY	nd Capi	Hall Mrdsted Liability Company)	trient	2 UC	
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	·		
	lence concerning this matter t	_			
r rease retain an correspond	a a series and the series of	to the following.			
	_ tma	(Name of Person)	Chen)——	
	brand	(Firm/Company)	mrest	ments	uc
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	m	SUI H K	hmK+2	T o	•0
		(City/State and Zip Code)	•	ECRE	% TI
For further information con	cerning this matter, please ca	ıll:	•	TAR IASSI	FIL MAY 12
(Name of I	Person)	at (Area Code	& Daytime Telepho	one Number D	is Ra
(Calling Sale	,	(RIDA	<u> </u>
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is		\$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 29, 2009

ERNESTO SANCHEZ 1455 NW 23 CT MIAMI, FL 33142

SUBJECT: GRAND CAPITAL INVESTMENTS LLC

Ref. Number: L06000057000

09 MAY 12 PM 12: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for GRAND CAPITAL INVESTMENTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 009A00014467

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Li	mited Liability Company)	records.
The Articles of Organization for this Limited Liability Co	mpany were filed on	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limit	ed liability company here:	O9 MAY 12
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company," the	designation LL Cor the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	ess) HS MU Manu	12587 = 1 11 mm 142
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1455 mu many	nn 53 n nn 142
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	(Enter Flor	rida street address)
		, Florida
	(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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR **=** Manager

MGRM = M	anaging Member		
<u>Title</u> MGR	Name COUS TOLOR	Address S70 SW 45. 87	Type of Action Add Remove
MbR	Emican Such	195 m 138	Add Remove
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
D. If amendi	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if nec	essary.)
Dated	OU) DL.	2009	FILED 09 MAY 12 PM 12: 3 SEPRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE ALLIAHASSEE, FLORID
	Lou	r or authorized representative of a member 16 Deado I or printed name of signee	STATE CORIDA

Page 2 of 2

Filing Fee: \$25.00