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Division of Corporations

L0900077471
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GM FINANCIAL GROUP
Account Number : I19980000102
Phone : (954) 428-8899
Fax Number : (954) 428-6699

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
APPBURST, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

DIVISION OF CORPORATIONS

16 DEC 27 AM 10:49

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Corporate Filing Menu

Help DEC 28 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APPBURST, 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 8/11/09 and assigned
Florida document number L09000077471

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Grike, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

7142 N Seacrest Blvd

(Principal office address **MUST BE A STREET ADDRESS**)

Lantana, FL 33462

Enter new mailing address, if applicable:

7142 N Seacrest Blvd

(Mailing address **MAY BE A POST OFFICE BOX**)

Lantana, FL 33462

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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 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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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Investigation

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DIVISION OF INVESTIGATION

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Dated 12/27/16

Signature of a member or authorized representative of a member

Typed or printed name of signee