

L10000040397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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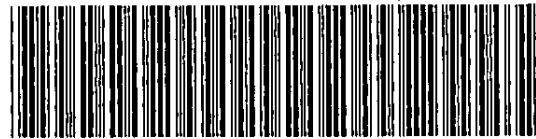
(Business Entity Name)

(Document Number)

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APPROVED
AND
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12 AUG - 8 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 09 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE GRAND 1652 LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT ALLMAN

Name of Person

PROFESSIONAL PUBLIC ACCOUNTANTS LLC

Firm/Company

1821 NE 146TH ST

Address

MIAMI FL 33181-1423

City/State and Zip Code

DRROBERTALLMAN@PPACCTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT ALLMAN

Name of Person

at (305)

919-9700

Area Code & Daytime Telephone Number

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 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

APPROVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE GRAND 1652 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 04/14/2010 and assigned
Florida document number L10000040397.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1821 NE 146th Street

Miami, FL 33181-1423

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1821 NE 146th Street

Miami, FL 33181-1423

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TALLAHASSEE, FLORIDA

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AND
FILED

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: Professional Public Accountants LLC, Robert Allman MGRM

New Registered Office Address: 1821 NE 146th Street

Enter Florida street address


Miami, Florida 33181-1423

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.

 MGRM

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

Title	Name	Address	Type of Action
MGR	FEDERICO OLIVIERI	130 3RD STREET 105 MIAMI BEACH FL 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SALVATORE TARTARONE	1821 NE 146TH ST MIAMI FL 33181-1423	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated AUGUST 6, 2012

Signature of a member or authorized representative of a member
FEDERICO OLIVIERI

Typed or printed name of signee

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA