# L10000081415

(Re	equestor's Name)	<del></del>				
· (Ac	idress)					
(Ac	ldress)	· · ·				
(Cit	ty/State/Zip/Phone	e #\				
(Cil	ty/State/Zip/Filon	c #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
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12 MAY 14 AM 11:55

SECRETARY OF STATE DIVISION OF CORPORATIONS

MAY 1'5 2012 T. HAMPTON

# **COVER LETTER**

TO:	Registration Secti Division of Corpo		, ,			
SUBJI	ECT:	GRR PR	OPERTIES LLC			
	<del></del>					
The en	closed Articles of An	nendment and fee(s) are sul	bmitted for filing.			
Please	return all corresponde	ence concerning this matter	r to the following:			
			GUS CERON Name of Person		<del></del>	
	TOP DOG CONSULTING LLC					
Firm/Company						
	•		Address			
		HALLENDALE BEACH 33099				
		City/State and Zip Code				
	_		TOPDOGCONSULTI to be used for future annual report	· · · · · · · · · · · · · · · · · · ·		
For fur	ther information conc	erning this matter, please c	·	te notification)		
		CERON	at (_702 )	517 5	5023	
	Name of Pe	rson	Area Code & I	Daytime Teleph	one Number	
Enclose	ed is a check for the fo	ollowing amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed)	\$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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



12 MAY 14 AM 11: 55

(Name of the Limited	RR PROPE	RHESILC		<del></del>		
(Name of the Limited (A	Florida Limited I	iability Company)	on our records.)			
The Articles of Organization for this Limited Lie Florida document number L10000081		were filed on	August 03 2010	and assigned		
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here	:			
•.		•				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Compan	y," the designation "	LLC" or the abbreviation		
Enter new principal offices address, if applicable:		1835 E.HALLENDALE BEACH BLVD #722				
(Principal office address MUST BE A STREET	(ADDRESS)	HALLENDALE BEACH ,FLORIDA				
		33099				
Enter new mailing address, if applicable:		1835 E.HALLE	NDALE BEACH	I BLVD#722		
(Mailing address MAY BE A POST OFFICE BOX)		HALLENDALE BEACH,FLORIDA				
	33099					
B. If amending the registered agent and/or registered agent and/or the new registered off  Name of New Registered Agent:  New Registered Office Address:	ice address her	E: LLEDALE BEAC				
	HALLE	NDALE BEACH	, Florida	33099		
		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 Changing Registered Agent, Signature of New Registered Agent

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 **Type of Action Address Title** <u>Name</u> **MGRM** MARKMAN, NATALIAN 2101 S. OCEAN DR #1701 ☐ Add HOLLYWOOD FL 33099 Remove MGR CERON, GUSTAVO □ Add 2101 S. OCEAN DR#1701 🔽 Remove HOLLYWOOD FL 33099 ☐ Add ☐ Remove □ Add Remove Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 05/11/2012 9.36AM Dated Signature of a member or authorized representative of a member

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GUSTAVO CERON
Typed or printed name of signee

Filing Fee: \$25.00