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(Requestor's Nar	me)
(Address)	
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(City/State/Zip/P	hone #)
PICK-UP WAIT	MAIL
(Business Entity	Name)
(Document Num	ber)
Certified Copies Certific	cates of Status
Special Instructions to Filing Officer:	

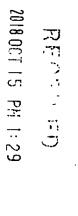
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or of the





COVER LETTER

TO: Registration Sec Division of Corp	orations		
SUBJECT: <u>GR</u>	Property Name of Limi	Managen Judge Liability Company	rent LLC
The enclosed Articles of A	xmendment and fee(s) are subi	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	H	Mame of Person	ran
		Firm/Company	
	PO BO	x 621772	
	_ orle	City/State and Zip Code Code	32862
	E-mail address: (t	in an E fl	2. Vr. Com ication)
For further information co	ncerning this matter, please ca	ıll:	
Hein Name of	Karman	$\frac{1}{\text{Area Code}} = \frac{40}{\text{Area Code}} = \frac{924}{\text{Daytime}}$	-4402 Telephone Number
Enclosed is a check for the	e following amount:		
b \$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, F1, 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**

FILED

GRP Eroperty (Name of the Limited Liability Compa	Managem 2018 961 15 PM 3: 54 Inv as it now appears op our records. Clability Company) TALLAHASSEE TATE
The Articles of Organization for this Limited Liability Company	WOOLE' LE
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	1483) HONEYCRISP LN Orlando FL3282)
(Principal office address MUST BE A STREET ADDRESS)	Orlando FL3282)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 6217)2, Orlando, FL 32862
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent: New Registered Office Address: 1483	Honey crisphy Enter Florida street Address
	Enter Florida street feldress City Sip Code Enter Florida street feldress 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
		_	🗖 Add
			Remove
			Change
			
			□ Remove
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	d specifies a delayed th day after the rec			ut not an	effective t	ime, at 12	:01 a.m.	on the ea	rlier o
ited	10/04/		- <u>, 2</u>	018					
	/ '								
		Signature of	a member o	or authorized	representative	of a member			-
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Filing Fee: \$25.00