L11000040882

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section
Division of Corporations

6406 Grenada Island LLC

SUBJECT:

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:

	Etta Strehle		
		Name of Person	
		Firm/Company	
	6406 Grenada Islan	d Ave.	
		Address	······································
	Apollo Beach, FL 33	3572	
		City/State and Zip Code	
	ettastrehle@aol.com		
	E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please c	all:	
Etta Strehle		813 420-5216	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6406 Grenada Island LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L11000040882</u>	any were filed on April 5, 2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
Grenada Island LLC		
The new name must be distinguishable and end with the words "Limited I	Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRESS)		·····
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same	DIVISION OF THE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>ent</u> nere:	ter the name of the new
		12: 22
Name of New Registered Agent:		V
New Registered Office Address:	Enter Florida street address	
	Tu	
	, 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Remove
			Add
			☐ Remove
<u> </u>			Add
			□ Remove
			□ Add
			□ Remove
			□ Add
			☐ Remove

, ,	r change(s) here: (Attach additional sheets, if nee	cessury.
<u> </u>		
1/2		
Effective date, if other than the date of fine effective date must be specific, cannot be prior to the date this document is filed by the Florida Depart	date of receipt or filed date and cannot be more than 90 days	ional) after
, April 7	2015	
stad TTT		
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pared .	f a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00