

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name : GFB TAX SERVICE LLC

Account Number : I20120000047

Phone : (754)246-6160

Fax Number : (954)510-2072

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

Email Address: GASTONBELEN@GFBTAXSERVICE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRUMART LLC

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FROM:9545102072

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COVER LETTER

TO:

Registration Section Division of Corporations

era rezer.

GRUMART 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:

GASTON BELEN

Name of Person

GFB TAX SERVICE LLC

Firm Company

2200 N. COMMERCE PARKWAY, SUITE 200

Address

WESTON, FL 33326

City/State and Zip Code

GASTONBELEN@GFBTAXSERVICE.COM

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

For further information concerning this matter, please call:

GASTON BELEN

754 246-6160

Name of Person

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)

MAHLING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Fallahassee, Ft. 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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All State of the Control of the Cont **OF GRUMART LLC** (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 06/13/2011

	City	Zip Code
	Florida	
New Registered Office Address:	Emer Florida spect address	
Name Development Office Address.		
Name of New Registered Agent:		
registered agent and/or the new registered office address her	<u>e</u> :	
B. If amending the registered agent and/or registered of		records, enter the name of the new
		n voje graduje, pr v met na vojeke anar () i oktoroveko – — — i i i i joktorov a an
(Mailing address MAY BE A POST OFFICE BOX)		The state of the supplier of the state of th
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		A COLUMN TO THE PARTY OF THE PA
Enter new principal offices address, if applicable:		
•	my company the designs	The letter of the method and the letter
The new mane must be distinguishable and end with the words "familed I tab	the Commun. "the designar	ion "I I C" or the abbreviation "I I C"
A. If amending name, enter the new name of the limited liab	ility company here:	
This amendment is submitted to amend the following:		
Florida document number L11000068470	, and a second	
The Articles of Organization for this Limited Liability Company.	were then on	and assigned

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

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AMBR = Authorized Member

MGR = Manager

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H15000055823 3 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:

Title Address Type of Action Name **GASTON F BELEN** MGR. 2200 N. COMMERCE PARKWAY SUITE 200 WESTON, FL 33326 100 N FEDERLA HWY 1025 FLORENCIA FAIG MGR FORT LAUDERDALE, FL 33301

TO:18506176383 FROM:9545102072 03/4/2015 13:06 Page: 6 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) H15000055823 3 THE MANAGERS OF THIS COMPANY WILL NOT HAVE THE POWER TO SELL, TRANSFER, DISPOSE, CONVEY OR OTHERWISE ENCUMBER ANY OF THE COMPANY'S PRESENT OR FUTURE REAL ESTATE PROPERTY WHICH SHALL REQUIRE WRITTEN APPROVAL BY ACT OF ALL THE MEMBERS. E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated MARCH 4 2015 Signature of a member or authorize e of a member **GASTON BELEN** Typed or printed name of signer

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Filing Fee: \$25.00

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