L11000115728

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EXAMINER



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SUBJECT:	GREYST	ONE 1025 LLC	
30BJEC1	11.151	ed Liability Company	
			4.0 6.0%
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	Pro 5
Please return all corresp	ondence concerning this matter	to the following:	TALLAHASSEE, FLORIDA
		ELIZABETH LAW	The state of the s
		Name of Person	ORIUS SS
		Firm/Company	
	600	01 BRICK CT STE 202	
		Address	
	WII	NTER PARK FL 32792	
	1:_	City/State and Zip Code	
•	E-mail address: (t	law_4U@yahoo.com o be used for future annual report notific	eation)
For further information	concerning this matter, please c	ail:	
	ZABETH LAW	at \	678-3111
Name	of Person	Area Code & Daytime	Fleiephone 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	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS: tration Section	STREET/COURI Registration Sectio	
Divis P.O. I	ion of Corporations Box 6327 hassee, FL 32314	Division of Corpor Clifton Building 2661 Executive Ce	ations

Tallahassee, FL 32301

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

GREYSTONE 1025 LLC

•	OF	≥5 v ^{olog}	
		25 B	
GREYST	ONE 1025 LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears lited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com	npany were filed on O	CTOBER 10, 2011 and assigned	
Florida document number L11000115728		ORION	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here	;	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compar	y," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		
	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<u></u> -		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on or s here:	ir records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	. Florida		
	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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title _	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	ANDREW H LAW	6001 BRICK CT STE 202 WINTER PARK FL 32792	Add Remove
<u>MGRM</u>	ELIZABETH H LAW	6001 BRICK CT STE 202 WINTER PARK FL 32792	☐ Add ☑ Remove
			Add Remove
D. If amen	ding any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)	
_	·		_
_	0.070,070		_
Dated	OCTOBER 30		
	Signature	of a member or authorized representative of a member	
		ELIZABETH H LAW	
		Typed or printed name of signee	

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Filing Fee: \$25.00