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TALLAHASSEE, FLORIDA

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STONES & CARDENAS
ATTORNEYS AT LAW

221 SIMONTON STREET, KEY WEST, FL 33040
TELEPHONE (305) 294-0252 FAX (305) 292-5442
WWW.STONESCARDENAS.COM

ADELE VIRGINIA STONES, P.A.

SUSAN M. CARDENAS, P.A.

November 2, 2016

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

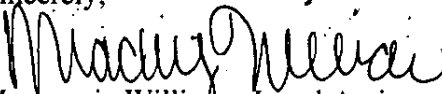
Re: Articles of Amendment – GRA, LLC

To Whom It May Concern:

Enclosed please find the original executed Articles of Amendment along with a copy of same in connection with the above-referenced entity. Also enclosed is Stones & Cardenas check #21227 in the amount of \$55.00 representing payment for the filing fee and certified copy. Please process at your earliest.

If you have any questions, please do not hesitate to contact this office.

Sincerely,


Mackenzie Williams, Legal Assistant

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GRA, 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:

Mackenze Williams

Name of Person

Stones & Cardenas

Firm/Company

221 Simonton Street

Address

Key West, Florida 33040

City/State and Zip Code

mackenzie@keyslaw.net

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

For further information concerning this matter, please call:

Mackenzie Williams 305 294-0252

Name of Person at () _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

GRA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/19/2012 and assigned
Florida document number L12000009056.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1300 Atlantic Drive

Key West, Florida

33040

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1300 Atlantic Drive

Key West, Florida

33040

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Mark Orofino

New Registered Office Address:

1300 Atlantic Drive

Enter Florida street address

Key West

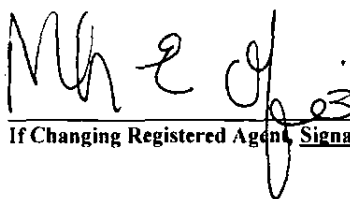
City

Florida 33040

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Aisha Garcia	3617 Northside Drive	<input type="checkbox"/> Add
		Key West, Florida	<input checked="" type="checkbox"/> Remove
		33040	<input type="checkbox"/> Change
AMBR	Mark Orofino	1300 Atlantic Drive	<input type="checkbox"/> Add
		Key West, Florida	<input type="checkbox"/> Remove
		33040	<input checked="" type="checkbox"/> Change
AMBR	Julia Orofino	1300 Atlantic Drive	<input checked="" type="checkbox"/> Add
		Key West, Florida	<input type="checkbox"/> Remove
		33040	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Dated 11/2/16, _____

176
Mg & Pb

Mark Orofino

Mark R. G. Fine

Typed or printed name of signee