# L120000148484

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B. BOSTICK

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**EXAMINER** 

# **COVER LETTER**

TO:	Registration Section  Division of Corpor		·	•		
SUBJI	ЕСТ: <u>«'</u> <u>(</u>	Ortginal C Name of Limit	5aind LL ed Liability Company	<u>C</u>		
The en	closed Articles of Am	endment and fee(s) are subr	mitted for filing.			
Please	return all corresponde	ence concerning this matter	to the following:			
		Reina	100 Tarr	ats		
	-	ORIGIA	Name of Person  JAL GR, ND  Firm/Company	LLL		
		652 NE	HORIZON LA	<u>/</u>		
		PORT Sail	Of Lucie fu City/State and Zip Code Lg//Codgmoil be used for future annual report n	34983 .com	12 JUN SEURE TALLAHA	î,
For fu	ther information conc	E-mail address: (to erning this matter, please ca		otification)	18 P ARG U SSEE,	Parties of the same of the sam
<del></del>	Reinoldo Name of Pe	Tarrats	at ( <u>954)</u> 214 Area Code & Day	-8592 ytime Telephone Number	PM 3: 55	and the same
Enclos	ed is a check for the f	ollowing amount:				
<b>\$2</b> :	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certified	ite of Status &	sed)

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

ORTGINAL GRI	ND LLC
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/200048484</u>	were filed on 4/10/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	652 NE Horizon La
(Principal office address MUST BE A STREET ADDRESS)	Port Saint Lucie Fi 34983
Enter new mailing address, if applicable:	652 NE Horizon In
(Mailing address MAY BE A POST OFFICE BOX)	Port Saint Cuch Fi 34983
B. If amending the registered agent and/or registered off	
registered agent and/or the new registered office address here	
Name of New Registered Agent:	SSE & Fun
New Registered Office Address:	Finter Florida street address:
	55
	, Florida

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title Name** Address Christian Tarrats ☐ Add Remove ☐ Add Remove ☐ Add Remove  $\square$ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

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ped or printed name of signee

Filing Fee: \$25.00