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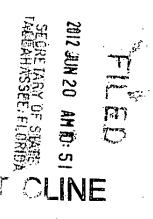
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EXAMINE

COVER LETTER

Division of	Corporations		
SUBJECT:	625	GRAND LLC	
	Name of Lim	Name of Limited Liability Company	
The enclosed Article	s of Amendment and fee(s) are su	ubmitted for filing.	
Please return all corr	espondence concerning this matte	er to the following:	
	c	Craig D. Blume, Esquire	
		Name of Person	
		, Firm/Company	
		800 Harbour Dr.	
		Address	
		Naples, Florida 34103	
		City/State and Zip Code	
	nap	oleslawoffice@gmail.com	
For further information	e-man address: on concerning this matter, please	(to be used for future annual report notification) call:	
	Craig D. Blume	at (239) 417-4848	
	me of Person	Area Code & Daytime Telephone Number	
Enclosed is a check t	for the following amount:		
₹ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Re Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, 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

625 Grand LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
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."	ted Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	625 Grand Rapids Blvd			
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34120			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18 William Carson Cres. Suite 112 Toronto, ON Canada M2P 2G6			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new			
Name of New Registered Agent:				
New Registered Office Address:	·			
	Enter Florida street address			
	, Florida			
New Registered Agent's Signature, if changing Registered Agent:	City Zip College 20 1 20 20 20 20 20 20 20 20 20 20 20 20 20			
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and composition as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance of my duties, and I am fumiliar will and provided for in Chapter 608. F.S. Or if this declarated in			

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 <u>Name</u> **Address** MGR FLORIDA FORECLOSURE 15455 MARCELLO CIRCLE ☐ Add ✓ Remove Gail Black MGR 18 William Carson Cres. ✓ Add Remove Suite 112 Toronto, ON Canada M2P 2G6 ☐ Add Remove Remove ☐ 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00